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## LEGISLATIVE HISTORY

Public Law 184--78th Congress

Chapter 298--1st Session

S. 400

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## DIGEST OF PUBLIC LAW 184

PUBLIC HEALTH SERVICE REORGANIZATION. Makes several changes in the organization of the Public Health Service.

### INDEX AND SUMMARY OF HISTORY ON S. 400

January 6, 1943	H. R. 649 introduced by Mr. Bulwinkle and referred to the House Committee on Interstate and Foreign Commerce. (Similar bill).
January 14, 1943	S. 400 introduced by Mr. Thomas and referred to the Senate Committee on Education and Labor.
February 5, 1943	Hearings: House, H. R. 649.
March 25, 1943	Senate Committee reported S. 400 with amendments, Senate Report 133. Print of the bill as reported.
April 2, 1943	Debated in Senate and passed as reported.
April 5, 1943	Referred to House Committee on Interstate and Foreign Commerce. Print of the bill as referred.
October 27, 1943	Committee discharged. Discussed and amended in House; title amended.
November 2, 1943	Discussed in Senate and amended. Senate agreed to House amendments.
November 4, 1943	House agreed to Senate amendments.
November 11, 1943	Approved. Public Law 184.

This law was repealed by Sec. 611 of Public Law 410--78th Congress.









78TH CONGRESS  
1ST SESSION

# H. R. 649

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IN THE HOUSE OF REPRESENTATIVES

JANUARY 6, 1943

MR. BULWINKLE introduced the following bill; which was referred to the Committee on Interstate and Foreign Commerce

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## A BILL

For the organization and functions of the Public Health Service.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*  
3       That hereafter the Public Health Service in the Federal  
4       Security Agency shall consist of the Office of the Surgeon  
5       General, the National Institute of Health, and two bureaus,  
6       to be known as the Bureau of Medical Services and the  
7       Bureau of State Services. The Surgeon General of the  
8       Public Health Service, under the supervision and direction  
9       of the Federal Security Administrator, is hereby authorized  
10      and directed to assign to the Office of the Surgeon General,  
11      to the National Institute of Health, and to the two bureaus,

1 respectively, the several functions of the Public Health Serv-  
2 ice, and to establish within the Office of the Surgeon General,  
3 the National Institute of Health, and the two bureaus, re-  
4 spectively, such divisions, sections, and other units as may  
5 be required to perform their functions; and, under such super-  
6 vision and direction, he may abolish existing divisions, sec-  
7 tions, and other units, and, hereafter, may establish, transfer,  
8 and consolidate divisions, sections, and other units and reas-  
9 sign their functions for the efficiency of the Service.

10 SEC. 2. The Director of the National Institute of Health  
11 and the chiefs of each of the bureaus, established by section 1  
12 of this Act, shall be commissioned medical officers detailed by  
13 the Surgeon General from the regular corps, and while so  
14 detailed shall be Assistant Surgeons General and shall have  
15 the same grade and shall receive the same pay and allow-  
16 ances as the Assistant to the Surgeon General.

17 SEC. 3. Medical officers below the grade of medical  
18 director may be detailed by the Surgeon General from the  
19 regular corps to serve as chiefs of divisions, and not more  
20 than six of such officers at one time while so detailed shall  
21 have the temporary grade and receive temporarily the pay  
22 and allowances of a medical director.

23 SEC. 4. In time of war or national emergency deter-  
24 mined by the President, any commissioned officer of the  
25 regular corps of the Public Health Service may be appointed

1 to higher temporary grade with the pay and allowances  
2 thereof without vacating his permanent appointment, and  
3 hereafter reserve officers of the Public Health Service may  
4 be distributed in the several grades without regard to the  
5 proportion which at any time obtains or has obtained among  
6 the commissioned medical officers of such Service.

7 SEC. 5. The record of each commissioned officer of the  
8 regular corps initially appointed above the grade of Assist-  
9 ant Surgeon, after the first three years of service in such  
10 grade, shall be reviewed under regulations approved by the  
11 President, and any such officer who is found to be unquali-  
12 fied for further service shall be separated from the Service  
13 and paid six months' pay and allowances.

14 SEC. 6. In case of the absence or disability of the Sur-  
15 geon General and the Assistant to the Surgeon General, or  
16 in the event of a vacancy in the office of both, the Assistant  
17 Surgeons General shall act as Surgeon General in the order  
18 of their designation for such purpose by the Surgeon General.

19 SEC. 7. Original appointments in the commissioned  
20 corps of the Public Health Service may be made to a junior  
21 grade which shall correspond to that held by a second lieu-  
22 tenant in the Medical Department of the Army and persons  
23 so appointed shall be entitled to the same pay and allow-  
24 ances as a second lieutenant in the Medical Department of  
25 the Army. After not less than two years of service each

1 such appointee may be examined under regulations pre-  
2 scribed by the President and upon such examination shall  
3 either be promoted to the grade of Assistant Surgeon or be  
4 separated from the Service.

5       SEC. 8. This Act may be cited as the "Public Health  
6 Service Act of 1943". For the purpose of any reorgani-  
7 zation under section 1 of this Act the Federal Security  
8 Administrator, with the approval of the Director of the  
9 Bureau of the Budget, is hereby authorized to make such  
10 transfer of funds between appropriations as may be necessary  
11 for the continuance of transferred functions.







78TH CONGRESS  
1ST Session

H. R. 649

# A BILL

For the organization and functions of the  
Public Health Service.

By Mr. BUIWINKLE

JANUARY 6, 1943

Referred to the Committee on Interstate and Foreign  
Commerce







78TH CONGRESS  
1ST SESSION

# S. 400

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## IN THE SENATE OF THE UNITED STATES

JANUARY 14, 1943

Mr. THOMAS of Utah introduced the following bill; which was read twice  
and referred to the Committee on Education and Labor

---

## A BILL

For the organization and functions of the Public Health Service.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*  
3       That hereafter the Public Health Service in the Federal  
4       Security Agency shall consist of the Office of the Surgeon  
5       General, the National Institute of Health, and two bureaus,  
6       to be known as the Bureau of Medical Services and the  
7       Bureau of State Services. The Surgeon General of the  
8       Public Health Service, under the supervision and direction  
9       of the Federal Security Administrator, is hereby authorized  
10      and directed to assign to the Office of the Surgeon General,  
11      to the National Institute of Health, and to the two bureaus,

1 respectively, the several functions of the Public Health Serv-  
2 ice, and to establish within the Office of the Surgeon General,  
3 the National Institute of Health, and the two bureaus,  
4 respectively, such divisions, sections, and other units as may  
5 be required to perform their functions; and, under such  
6 supervision and direction, he may abolish existing divisions,  
7 sections, and other units, and, hereafter, may establish, trans-  
8 fer, and consolidate divisions, sections, and other units and  
9 reassign their functions for the efficiency of the Service.

10 SEC. 2. The Director of the National Institute of Health  
11 and the chiefs of each of the bureaus, established by section 1  
12 of this Act, shall be commissioned medical officers detailed by  
13 the Surgeon General from the regular corps, and while so  
14 detailed shall be Assistant Surgeons General and shall have  
15 the same grade and shall receive the same pay and allow-  
16 ances as the Assistant to the Surgeon General.

17 SEC. 3. Medical officers below the grade of medical  
18 director may be detailed by the Surgeon General from the  
19 regular corps to serve as chiefs of divisions, and not more  
20 than six of such officers at one time while so detailed shall  
21 have the temporary grade and receive temporarily the pay  
22 and allowances of a medical director.

23 SEC. 4. In time of war or national emergency deter-  
24 mined by the President, any commissioned officer of the  
25 regular corps of the Public Health Service may be appointed

1 to higher temporary grade with the pay and allowances  
2 thereof without vacating his permanent appointment, and  
3 hereafter reserve officers of the Public Health Service may  
4 be distributed in the several grades without regard to the  
5 proportion which at any time obtains or has obtained among  
6 the commissioned medical officers of such Service.

7 SEC. 5. The record of each commissioned officer of the  
8 regular corps initially appointed above the grade of Assist-  
9 ant Surgeon, after the first three years of service in such  
10 grade, shall be reviewed under regulations approved by the  
11 President, and any such officer who is found to be unquali-  
12 fied for further service shall be separated from the Service  
13 and paid six months' pay and allowances.

14 SEC. 6. In case of the absence or disability of the Sur-  
15 geon General and the Assistant to the Surgeon General, or  
16 in the event of a vacancy in the office of both, the Assistant  
17 Surgeons General shall act as Surgeon General in the order  
18 of their designation for such purpose by the Surgeon General.

19 SEC. 7. Original appointments in the commissioned  
20 corps of the Public Health Service may be made to a junior  
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22 tenant in the Medical Department of the Army and persons  
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24 ances as a second lieutenant in the Medical Department of  
25 the Army. After not less than two years of service each

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5       SEC. 8. This Act may be cited as the "Public Health  
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7 zation under section 1 of this Act the Federal Security  
8 Administrator, with the approval of the Director of the  
9 Bureau of the Budget, is hereby authorized to make such  
10 transfer of funds between appropriations as may be necessary  
11 for the continuance of transferred functions.



78<sup>TH</sup> CONGRESS  
1<sup>ST</sup> SESSION

S. 400

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# A BILL

For the organization and functions of the  
Public Health Service.

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By Mr. THOMAS of Utah

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JANUARY 14, 1943

Read twice and referred to the Committee on  
Education and Labor







# PUBLIC HEALTH SERVICE

## ORGANIZATION AND FUNCTIONS

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### HEARING

BEFORE A

### SUBCOMMITTEE OF THE COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE HOUSE OF REPRESENTATIVES

SEVENTY-EIGHTH CONGRESS

FIRST SESSION

ON

### H. R. 649

A BILL FOR THE ORGANIZATION AND FUNCTIONS  
OF THE PUBLIC HEALTH SERVICE

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FEBRUARY 5, 1943

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Printed for the use of the  
Committee on Interstate and Foreign Commerce



UNITED STATES  
GOVERNMENT PRINTING OFFICE  
WASHINGTON : 1943

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# PUBLIC HEALTH SERVICE—ORGANIZATION AND FUNCTIONS

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FRIDAY, FEBRUARY 5, 1943

HOUSE OF REPRESENTATIVES,  
SUBCOMMITTEE OF THE COMMITTEE ON  
INTERSTATE AND FOREIGN COMMERCE.

*Washington, D. C.*

(The subcommittee met, pursuant to notice, at 10 a. m., Hon. Alfred L. Bulwinkle, presiding, for consideration of H. R. 649, which is as follows:)

[H. R. 649, 78th Cong., 1st sess.]

A BILL For the organization and functions of the Public Health Service

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,* That hereafter the Public Health Service in the Federal Security Agency shall consist of the Office of the Surgeon General, the National Institute of Health, and two bureaus, to be known as the Bureau of Medical Services and the Bureau of State Services. The Surgeon General of the Public Health Service, under the supervision and direction of the Federal Security Administrator, is hereby authorized and directed to assign to the Office of the Surgeon General, to the National Institute of Health, and to the two bureaus, respectively, the several functions of the Public Health Service, and to establish within the Office of the Surgeon General, the National Institute of Health, and the two bureaus, respectively, such divisions, sections, and other units as may be required to perform their functions; and, under such supervision and direction, he may abolish existing divisions, sections, and other units, and, hereafter, may establish, transfer, and consolidate divisions, sections, and other units and reassign their functions for the efficiency of the Service.

SEC. 2. The Director of the National Institute of Health and the chiefs of each of the bureaus, established by section 1 of this Act, shall be commissioned medical officers detailed by the Surgeon General from the regular corps, and while so detailed shall be Assistant Surgeons General and shall have the same grade and shall receive the same pay and allowances as the Assistant to the Surgeon General.

SEC. 3. Medical officers below the grade of medical director may be detailed by the Surgeon General from the regular corps to serve as chiefs of divisions, and not more than six of such officers at one time while so detailed shall have the temporary grade and receive temporarily the pay and allowances of a medical director.

SEC. 4. In time of war or national emergency determined by the President, any commissioned officer of the regular corps of the Public Health Service may be appointed to higher temporary grade with the pay and allowances thereof without vacating his permanent appointment, and hereafter reserve officers of the Public Health Service may be distributed in the several grades without regard to the proportion which at any time obtains or has obtained among the commissioned medical officers of such Service.

SEC. 5. The record of each commissioned officer of the regular corps initially appointed above the grade of Assistant Surgeon, after the first 3 years of service in such grade, shall be reviewed under regulations approved by the President, and any such officer who is found to be unqualified for further service shall be separated from the Service and paid 6 months' pay and allowances.

SEC. 6. In case of the absence or disability of the Surgeon General and the Assistant to the Surgeon General, or in the event of a vacancy in the office of both, the Assistant Surgeons General shall act as Surgeon General in the order of their designation for such purpose by the Surgeon General.

SEC. 7. Original appointments in the commissioned corps of the Public Health Service may be made to a junior grade which shall correspond to that held by a second lieutenant in the Medical Department of the Army and persons so appointed shall be entitled to the same pay and allowances as a second lieutenant in the Medical Department of the Army. After not less than two years of service each such appointee may be examined under regulations prescribed by the President and upon such examination shall either be promoted to the grade of Assistant Surgeon or be separated from the Service.

SEC. 8. This Act may be cited as the "Public Health Service Act of 1943." For the purpose of any reorganization under section 1 of this Act the Federal Security Administrator, with the approval of the Director of the Bureau of the Budget, is hereby authorized to make such transfer of funds between appropriations as may be necessary for the continuance of transferred functions.

Mr. BULWINKLE. The committee will come to order. This subcommittee of the Committee on Interstate and Foreign Commerce has met to consider H. R. 649, a bill for the organization and functions of the Public Health Service. The letter received from the Administrator of the Federal Security Agency under date of January 27, 1943, will be included in the record at this point.

(The letter referred to is as follows:)

FEDERAL SECURITY AGENCY.  
Washington, January 27, 1943.

HON. CLARENCE F. LEA,

*Chairman, Committee on Interstate and Foreign Commerce,  
House of Representatives, Washington, D. C.*

MY DEAR MR. CHAIRMAN: This is in reply to your letter of January 8, 1943, asking for a report on H. R. 649, a bill for the organization and functions of the Public Health Service.

H. R. 649 is identical with H. R. 7616 introduced in the Seventy-seventh Congress and with a draft bill which I submitted to the President of the Senate and the Speaker of the House with an explanatory letter dated August 24, 1942, after advice from the Bureau of the Budget that there was no objection to the presentation of my proposal to the Congress.

At the present time the organizational structure of the Public Health Service is extremely cumbersome. The Surgeon General is responsible for personally overseeing seven administrative divisions and the National Institute of Health, the National Cancer Institute, St. Elizabeths Hospital, Freedman's Hospital, and the Office of the Chief Clerk. The legislation embodied in H. R. 649 was suggested because the Surgeon General and I are both convinced that a reorganization which would allow a proper distribution of authority and permit the elimination of overlapping functions and duplication of effort would greatly increase the efficiency of the Service. My letter of August 24, 1942, to the President of the Senate describes in more detail the handicaps under which the Service now operates and the organizational improvements we hope to accomplish if authorized to do so by the enactment of the suggested legislation.

The necessity for internal reorganization and for the personnel legislation which is also contained in H. R. 649 is intensified by the additional wartime responsibilities placed upon the Public Health Service. The personnel provisions which I have suggested are also discussed in detail in my letter of August 24, 1942, but I wish to call your particular attention to a problem which has greatly increased in importance since the time that letter was written. I then pointed out that as a result of the war the Public Health Service had been forced to call to active duty several hundred Reserve officers. Their number now has increased to approximately 1,000. Supervision of Reserve officers by experienced officers of the Regular corps is essential. It is obvious that the supervising officers should be in higher grades than those whom they must supervise. Temporary promotions of officers in the Regular corps will be necessary in some instances in order to raise their rank above the Reserve officers under their supervision but the Comptroller



General has ruled that there is no legislative authority for the temporary promotion of officers of the Regular corps.

Many commissioned officers of the Public Health Service are officially detailed to the Army, Navy, and Coast Guard, as well as to the War Shipping Administration. All of these services have strongly recommended the temporary promotion of Public Health Service officers to higher grades commensurate with the duties which they are actually performing and equivalent to the rank held by the regular commissioned officers of other services performing duties corresponding to those performed by officers of the Public Health Service. Only recently a communication was received from the Army authorities in India recommending the promotion of certain Public Health Service officers attached to the Army there, for the reason that they were unable to make the most effective use of these officers' services because of their present low grades.

Legislative authority for temporary promotions in the Public Health Service during the emergency is essential to the most effective utilization of its trained Regular officers now in the lower grades. Under present law the promotion rates for the Public Health Service are based on the peacetime rate of promotion for officers in the Medical Corps of the United States Army. It is impossible to promote an officer to the grade of surgeon (corresponding to the rank of major) until after 12 years of service. Promotions to other grades are correspondingly slow.

The joint resolution of October 27, 1918 (40 Stat. 1017), establishing a reserve for the Public Health Service requires officers commissioned in the Reserve to be distributed in the several grades in the same proportion as the distribution in grades of the Regular officers on that date. It is highly desirable that most of the officers brought into the Reserve of the Public Health Service should be placed in the lower grades until they qualify for the responsibilities of the higher grades. The joint resolution prevents the commissioning of Reserve officers in the two lowest grades for training in the numbers required by efficient administration. If this requirement is adhered to, it is estimated that an increase of \$423,000 will be needed for the payment of salaries of the Reserve officers now on duty without a corresponding increase in usefulness to the Government.

Section 4 of H. R. 649 is addressed to both problems. It would authorize the appointment of commissioned officers to higher temporary grade in time of war or national emergency. This provision is similar to the present Army provision contained in the Second Supplemental National Defense Appropriations Act, 1941, Public Law 781, Seventy-sixth Congress. This section would also permit the distribution in grades of Reserve officers and so make possible the commissioning of more Reserve officers in the lower grades.

I should like to call your attention to an inadvertence in the drafting of section 3 of this proposal which should be corrected by the deletion of the word "medical" before the word "officers" in line 17 of page 2 and the insertion in place thereof of the word "commissioned." The purpose of this section is not to limit existing authority but to permit the detail of officers below the grade of medical director to serve as chiefs of the divisions which are authorized to be established by section 1. It would limit to six the number of officers below that grade who could be detailed to serve as the chief of a division. As it presently reads, this permission would apply only to medical officers. The change I ask you to make is necessary because it may become desirable to assign an engineering, dental, or pharmacist officer as a chief of a division having functions which can only be appropriately supervised by an officer with such special qualifications.

The passage of this legislation is of urgent importance to the Public Health Service. The authority to simplify its administrative organization, to appoint regular officers to higher temporary grades during the emergency, and to disregard the distribution in grades of commissioned officers of the regular corps in making appointments to the Reserve will greatly assist the service in the discharge of its wartime responsibilities. I hope your committee will give this proposal its favorable consideration.

A similar report on S. 400 (the companion bill to H. R. 649) has been made to the Senate Committee on Education and Labor.

The Bureau of the Budget advises that there is no objection to the submission of this report to your committee.

Sincerely yours,

PAUL V. McNUTT, *Administrator*.

Mr. BULWINKLE. Our first witness is Surgeon General Parran, of the United States Public Health Service. You may proceed, General.

**STATEMENT OF THOMAS PARRAN, SURGEON GENERAL, UNITED STATES PUBLIC HEALTH SERVICE, WASHINGTON, D. C.**

Surgeon General PARRAN. Mr. Chairman, the Public Health Service has had imposed upon it some very important war duties. The passage of H. R. 649 is urgently necessary in order to enable the Public Health Service to discharge these duties efficiently. As all of us know, in this total war the maintenance of the health of the civilian population and the maintenance of manpower on the production line is very important.

The pending legislation has two major purposes: First, it provides for the internal reorganization of the Public Health Service in the interest of more simple administration; it tends to streamline the organization of the Service; second, it authorizes temporary promotions to higher grades of regular officers during wartime.

Before describing the needs for each of these provisions, may I give you a brief description of our present set-up and duties. The Public Health Service is one of the 5 commissioned corps in the Government, the others being the Army, the Navy, the Coast Guard, and the Coast and Geodetic Survey. Its officers are appointed by the President by and with the advice and consent of the Senate. With a total personnel of some 14,000, less than 600 of them are regular commissioned officers. Those officers are composed of medical, dental, and sanitary engineer officers. This relatively small group is the heart and center of our organization. It is a mobile, highly trained, disciplined, and carefully picked group. The pay, allowances, and rates of promotion are on the same basis as officers of the Medical Corps of the Army. This is under the provisions of the General Service Pay Act of 1922, and the so-called Parker Act of 1930.

The rates of promotion under the last-named law are identical with those of the Army Medical Corps in peacetime.

The Public Health Service has grown steadily during the years. Ten years ago, for example, our total appropriations approximated \$11,000,000; 5 years ago our total appropriations were \$22,000,000, and now our appropriations are close to \$60,000,000, and this represents additional duties imposed by Congress through successive acts.

Mr. BULWINKLE. Dr. Parran, for the benefit of the record, may I ask you to insert in the record at this place a break-down of the appropriations? I think the members of the committee would like to have it.

Surgeon General PARRAN. Appropriations as to services?

Mr. BULWINKLE. Yes.

Surgeon General PARRAN. For the several purposes for which the appropriations were made?

Mr. BULWINKLE. Yes.

Surgeon General PARRAN. I shall be glad to do that, Mr. Chairman.

Mr. BULWINKLE. Unless some member of the committee wishes to know it now.

(The statements on Public Health Service appropriations above referred to is as follows:)

*Public Health Service appropriations*

Fiscal year:		Fiscal year:	
1933-----	\$11, 021, 413	1939-----	<sup>2</sup> \$24, 783, 550
1934-----	10, 386, 328	1940-----	<sup>3</sup> 29, 094, 320
1935-----	9, 969, 164	1941-----	<sup>4</sup> 33, 379, 340
1936-----	11, 303, 567	1942-----	<sup>5</sup> 42, 476, 939
1937-----	<sup>1</sup> 20, 151, 075	1943-----	<sup>6</sup> 52, 366, 245
1938-----	21, 146, 980	1944-----	<sup>7</sup> 55, 638, 000

<sup>1</sup> Includes \$8,000,000 for grants.<sup>2</sup> Includes \$3,000,000 for venereal diseases.<sup>3</sup> Includes \$9,500,000 for grants, \$5,000,000 for venereal diseases.<sup>4</sup> Includes \$3,200,000 nurses training, \$4,470,000 for emergency health and sanitation<sup>5</sup> Includes \$11,000,000 grants, \$6,200,000 for venereal diseases.<sup>6</sup> Includes \$8,750,000 for venereal diseases.<sup>7</sup> Includes \$8,984,000 emergency health and sanitation activities, \$12,500,000, venereal diseases.<sup>7</sup> 1944 Budget, not yet appropriated.

(Further break-down of the appropriation is shown as follows:)

*Public Health Service*

(Appropriations by fiscal year)

Appropriation	1939	1940	1941	1942	1943
Salaries, Office of Surgeon General.....	\$316, 000	\$323, 340	\$285, 400	\$290, 105	\$423, 350
Pay, etc., commissioned officers.....	1, 928, 000	1, 959, 800	2, 082, 640	2, 113, 800	2, 362, 500
Pay of Acting Assistant Surgeons.....	325, 000	320, 000	323, 300	323, 300	-----
Pay of other employees.....	990, 350	1, 000, 000	1, 021, 500	1, 020, 193	-----
Freight, transportation, etc.....	25, 450	25, 000	-----	-----	-----
Maintenance, National Institute of Health.....	115, 000	137, 000	141, 000	135, 000	-----
Pay of personnel and maintenance of hospitals.....	6, 400, 000	6, 719, 000	7, 362, 000	7, 937, 400	7, 993, 950
Quarantine service.....	281, 250	287, 980	280, 000	240, 000	1, 224, 250
Preventing spread of epidemic disease.....	280, 000	305, 000	380, 700	380, 000	198, 780
Interstate Quarantine Service.....	36, 500	36, 500	35, 800	27, 300	26, 300
Control of biologic products.....	55, 000	53, 000	52, 500	47, 800	-----
Expenses:					
Division of Venereal Diseases.....	3, 080, 000	5, 600, 000	6, 200, 000	8, 750, 000	12, 500, 000
Division of Mental Hygiene.....	950, 000	1, 217, 700	1, 435, 500	1, 478, 000	1, 250, 800
Educational exhibits.....	1, 000	-----	-----	-----	-----
Diseases and sanitation investigations.....	1, 600, 000	1, 640, 000	1, 625, 000	1, 745, 741	1, 419, 680
Maintenance, National Cancer Institute.....	400, 000	570, 000	570, 000	565, 000	534, 870
Miscellaneous and contingent expenses.....	-----	-----	56, 000	103, 000	154, 275
Emergency health and sanitation activities.....	-----	-----	525, 000	4, 470, 000	8, 984, 000
Training for nurses, national defense.....	-----	-----	-----	1, 800, 000	3, 500, 000
Salaries and expenses:					
National defense.....	-----	-----	-----	50, 000	50, 000
National Institute of Health.....	-----	-----	-----	-----	743, 400
Grants to States, Social Security Act.....	8, 000, 000	9, 500, 000	11, 000, 000	11, 000, 000	11, 000, 000
Total.....	24, 783, 550	29, 094, 320	33, 379, 340	42, 476, 939	52, 366, 245

Surgeon General PARRAN. The important wartime duties of the Public Health Service are numerous. First let me mention the medical service furnished to the Coast Guard. The Public Health Service furnishes medical care for the entire personnel of the Coast Guard in the same way that the Navy Medical Corps provides medical care for the personnel of the Navy.

We also are providing medical service for the War Shipping Administration. As Admiral Waesche probably will tell you later, the Coast Guard has increased tremendously in size, and, consequently, our responsibilities for medical service to it have increased proportionately.

As you know, the War Shipping Administration is engaged in a very large program of training both officers and seamen, and the



Public Health Service, at the request of that organization, is supplying complete medical service for it.

We have a number of medical officers assigned for duty with the United States Army at the request of the Secretary of War. More than 2 years ago, we were asked to assign a liaison officer to each of the service commands, then called corps areas, and in each of these we have a senior medical officer who acts as contact man between the Medical Department of the Army and the several State and local health departments with which they have relationships.

One group of officers is now on duty in India. In 1941 we assigned 15 experts as an epidemic control mission, or malaria control mission, at the request of the Chinese Government. Their duties had to do with the control of malaria and sanitation along the route of the Burma railway. When the Japanese overran Burma our commission was evacuated with the Army, and since then they have been assigned as a part of the staff of the commanding general in India.

At the outbreak of the war we had six medical officers on duty in the Philippine Islands. The commanding general there asked immediately that they be transferred to the Army to become a part of the Medical Corps of the Army. Five of those six men are missing or prisoners, we do not know which. One of them, an aide to General MacArthur, is with him in Australia.

Recently the Secretary of War asked for the assignment of one or more Public Health Service officers as members of a typhus control commission. One officer is now in the Near East as a member of that commission. The Army has also asked for the assignment of several medical officers to the School for Military Government in Charlottesville; four men are now in training at Charlottesville in problems of military government, and additional officers will be assigned to the succeeding courses.

We have medical officers on duty in Panama with the Army in connection with venereal-disease control, and other health problems, and more recently we have had a request for additional officers to serve with the Army in Trinidad.

A group of our medical and engineer officers are giving medical care to the men and supervising sanitary work on the Alaska Highway.

The Ordnance Department of the Army has requested the services of industrial hygiene experts for service with the Ordnance Safety Branch, and a medical officer and an engineer are on duty with the new safety branch.

Recently request has been received from General Eisenhower and Mr. Murphy in north Africa for the assignment of three medical officers to supervise epidemic control and other health problems in north Africa.

Moreover, there has been created recently, as you may know, the Office for Foreign Relief and Rehabilitation under Governor Lehman. He has requested the Public Health Service to undertake the recruitment and training of the medical and sanitary personnel which will be needed in connection with the work of that office.

In addition to these direct assignments with the Army, many other experts of the Public Health Service are doing work which is primarily related to the war. We have had the primary responsibility for the control of malaria in all areas adjacent to naval and military

establishments. That has involved the organization of a very considerable group of doctors and engineers and entomologists and other personnel for those purposes.

General health conditions around every Army and Navy installation are also a responsibility of the Public Health Service. The control of epidemics and the maintenance of sanitary conditions in these extra cantonment and war industrial areas, not only in this country but in the outlying bases, also fall upon the Public Health Service.

Our cooperative work with the Pan American Sanitary Bureau has grown in amount and complexity. A number of our officers are assigned to this duty in different parts of South and Central America in connection with the prevention of the spread of disease from one country to another and to this country. That work is assuming increasing importance because of the presence of our military forces in certain of these areas and elsewhere in the Americas.

More recently we have assigned a group of medical and engineer officers to supervise sanitary conditions along the Pan American Highway, which may become of great military importance in connection with the movement of troops.

The problem of typhus control is one which is growing in importance. As you may know, following the last war, more people died of typhus fever and of other diseases and of starvation after the war than were killed in the war itself. We anticipate that situation will be worse at the conclusion of this war with starvation widespread in many lands, with the probable destruction of hospitals and other medical facilities, and the complete disorganization of civil governments. Altogether that will create a tremendous problem of typhus control. We have been carrying out research in connection with this disease for a number of years, and have intensified our efforts in that direction. In fact one of our officers, Dr. Cox, has developed a vaccine which we believe to be the most effective vaccine for the prevention of typhus fever of any so far discovered.

For a number of years we have been concerned with the problem of yellow fever. This problem has grown more acute as a result of the war with the coming and going of planes from unpredictable origins in west Africa and certain areas in South America where the disease is both endemic and epidemic. Vaccine has been produced for this disease. We have been manufacturing large quantities of it at the direct request of the War Department, and at the present time we are supplying all of the needs of the Army for yellow fever vaccine to immunize the troops.

With the tremendous growth in industry there has been a correspondingly increased need for looking after the health of the workers in the shipyards and in the munitions plants. For many years we have carried out studies of industrial hygiene, and these studies have been expanded and field staffs have been organized. Intensive programs have been organized to insure the health of the industrial workers.

The problem of venereal-disease control naturally looms large in time of war. It is very fortunate, Mr. Chairman, that under the provisions of a law which you sponsored and which was passed in 1938 we have had set up an organization which, so far, has prevented any considerable increase in venereal diseases. These diseases and war go hand in hand.

Recent reports from Great Britain show a considerable increase in venereal disease. Testimony recently given by the Minister of Health in the House of Commons is to the effect that venereal diseases have increased by 70 percent in Great Britain since the onset of the war. With the full cooperation of the military authorities and of State and local health organizations we are trying to hold these diseases in check, and so far we believe with success.

We have been called on more and more by the military authorities for other work, research work in connection with malaria, especially in an effort to find a preventive for malaria, which has occupied much of our time. The nature of these studies is such that, for military reasons, I cannot give you the details.

Moreover, a large part of the work of one of our divisions at the National Institute of Health is engaged in the problem of aviation medicine, studying the many intricate problems involved in combat and other flying. Again, the nature of these studies is such that, for military reasons, I cannot give the details. Suffice it to say that these studies are considered by our military authorities to be of urgent importance.

For the past 2 years we have attempted to increase the supply of nurses in the country, and have been administering an appropriation of \$3,200,000 to increase the number of nurses now being trained in an effort to meet the shortage on that front. As one result, 10,000 additional nurses are now in training.

Other agencies of the Government have called on the Public Health Service for aid. We have recruited and assigned medical, nursing, and engineering personnel which staffs the Emergency Medical Service of the Office of Civilian Defense. In addition to a chief medical officer, who is here today, and a staff in Washington, medical and engineer officers are on duty in all of the service commands and in a number of the coastal States. A part of this work had involved the organization of emergency base hospitals which are available for the use of civilians in the event of enemy action or other severe catastrophe.

As another preparation against enemy attack Congress has appropriated funds with which the Public Health Service has been organizing blood plasma banks in the several hospitals of the country, especially in the coastal hospitals. Those blood banks daily are saving lives, as this precious material is used on ordinary civilian casualties, and in the case of the disaster in Boston a few months ago the availability of blood plasma there which we had provided undoubtedly saved many lives.

Other activities of the Service have to do with recommending the public health need for projects under the Lanham Act which provides community facilities in the war areas. These projects include hospitals, water supplies, health centers, sewers, etc.

Moreover, we are advising the War Production Board as to the public health need for local hospital supplies in order that they may give the proper priority to requests. At the request of the Federal Public Housing Authority we are providing nurses and doctors for infirmaries in the Federal housing projects and dormitory projects in the war areas.

A very large problem that has developed recently is that of medical care in certain of the boom war industry areas which have grown



rapidly, almost overnight, some of them from small villages into cities of considerable size. In many of these areas there is an urgent shortage of doctors, dentists, and hospital beds. If it is not possible to meet the needs for medical care through local and State resources the Public Health Service is called upon to meet them.

This, Mr. Chairman, summarizes some of the more important war-time activities of the Public Health Service. The provisions of the bill which is before you, as I said at the outset, have two major purposes. Section 1 authorizes the internal reorganization of the Public Health Service, and with your permission, Mr. Chairman, I should like to discuss briefly the reasons for that provision.

Mr. BULWINKLE. We shall be very glad to have you do so.

Surgeon General PARRAN. During the years through a succession of laws, the Public Health Service has grown up like Topsy. Some acts of the Congress have established separate divisions in the Public Health Service, and other divisions were created administratively and then later ratified by appropriation or other acts. Some of these acts spell out in detail the functions of the divisions and others do not.

Mr. BROWN. I am going to have to leave here in a few minutes to attend another meeting, Doctor, and I wonder if I could interrupt you to ask one question?

Surgeon General PARRAN. Certainly, sir.

Mr. BROWN. I have been reading this bill, and I have a lot of faith in the author of it. My question is simply this: Does this bill put the United States Public Health Service under the military in such a way that it becomes a military organization?

Surgeon General PARRAN. No, sir; it does not change the administrative control of the Public Health Service.

Mr. BROWN. It simply gives you the opportunity to use all of the military aid you may need during this emergency, is that it, and then in peacetime it becomes more of a peace organization, a civil organization?

Surgeon General PARRAN. It simply does that. Its major terms provide only for the streamlining of the administrative organization, under section 1, and it provides in section 4 that officers of the regular corps may be appointed to a higher temporary grade in time of war.

The Public Health Service under the act of 1922 is placed on the same pay basis as the Army, the Navy, and the Coast Guard; and under the act of 1930, the so-called Parker Act, the rate of promotion of its officers was geared to the peacetime rate of promotion of the Army. In 1941 the Army obtained authority to grant temporary promotions during wartime. We assumed that act applied to the Public Health Service, but the Comptroller General said it did not. As a result of that a very urgent situation has been created.

Mr. BROWN. This makes it more possible for your department to cooperate with the military authorities in time of war, and yet does not make it a military organization, strictly speaking, in peacetime, is that correct?

Surgeon General PARRAN. That is correct.

Mr. BROWN. That is the information I was after.

Surgeon General PARRAN. Yes, sir; that is correct.

Mr. BROWN. Thank you very much, Doctor.

Surgeon General PARRAN. You are very welcome, sir.

As the result of a succession of legislative acts the Public Health Service now has a large number of divisions of various sizes, in addition to St. Elizabeths Hospital and Freedmen's Hospital. As a result an increasing number of problems which should be settled at a lower level necessarily come to the Surgeon General for decision. For example, we have a group of 26 marine hospitals. We have two large institutions under the Division of Mental Hygiene. We have St. Elizabeths Hospital and Freedmen's Hospital operated under three different divisions, and all of them have to do with operating hospitals and medical-care problems. It would seem reasonable to put them under a Bureau of Medical Services.

Similarly, through our Division of State Relationships, our Division of Venereal Diseases, and our Division of Industrial Hygiene cooperation is extended to the States. It would seem desirable to put the State relationships and activities of these divisions under a Bureau of Health Service, which would be a States Relations Bureau.

The National Institute of Health is our central research organization, and administratively there is included under it the National Cancer Institute. That part of the organization would be left as it is.

In discussing the second major purpose, Mr. Chairman, section 4, the provisions of it may seem very simple, but I should like to emphasize the tremendous importance from the standpoint of administration and morale that is involved.

Mr. BULWINKLE. I might say, General Parran, as to those sections I want you to particularly take them up, because I feel I probably may have done an injustice to the dentists and the sanitary engineers in this bill.

Surgeon General PARRAN. Yes, sir. In the letter from the Administrator, you will note that he has asked that in section 3 the term "medical" officers be changed to read "commissioned" officers. It is an inadvertence that the term "medical" appeared in there, which would exclude dentists and sanitary engineers from being assigned as chiefs of divisions. It is recommended that the word "medical", the first word in section 3, be changed to "commissioned", which would include dentists and engineers. These corps are contributing mightily to the success of the Public Health Service, and when I refer in my discussion to the problems of medical care I include also dental care, and when I mention health activities I include in that also the very important sanitary engineering activities which are being carried on by our officers.

Mr. TIBBOTT. Do I understand that you want to include dentists in this Bureau?

Surgeon General PARRAN. Dentists now are commissioned and are promoted on a parity with the medical officers of the Public Health Service. So, that part of it is taken care of. We should expect also to give dentists temporary higher grades on the same basis on a parity with medical officers, and the same applies for sanitary engineers.

Mr. TIBBOTT. It is your thought, then, not to have a separate dental bureau?

Surgeon General PARRAN. The bill contemplates only two bureaus, and I would not favor the creation of a dental bureau. On the other hand, I think it very likely, and in fact it is contemplated, that both for dentistry and sanitary engineering separate divisions would be created.



Mr. TIBBOTT. Then, as I understand it, it is your thought that the dentists would be included with the physicians?

Surgeon General PARRAN. That is right. In section 3 if you will read the language there as I propose it to be modified it is:

Commissioned officers below the grade of medical director may be detailed by the Surgeon General from the Regular Corps to serve as chiefs of divisions.

Section 1 authorizes the creation of divisions. In regard to this problem of temporary grades, Mr. Chairman, the Public Health Service, and I say this with due modesty, has an organization of sanitarians, a sanitary corps that is not duplicated in any other country in the world. The very heart and center of that corps is the group of regular commissioned officers. During the past 10 years, especially during the depression years, we were able to pick the very best of the medical graduates from the best of the medical schools of this country. We have given them special training in one or another field of health administration or research. Those men, some of them with 10 or 11 years of service with us, following a medical course and also some post-graduate work, are still down in a grade corresponding to that of captain in the Army. Their classmates in the Army or the Navy are in the grade of major, lieutenant colonel, or higher. It is upon this group of young men who are in the lower grades that we need to depend for directing many of the major new war services which have been imposed upon us. The cost of the temporary promotions is not great. As a matter of fact, there is a counterbalancing saving under the provisions of section 4 which will more than make up for the cost of the pay of those men in the higher grades. This saving comes about because of the fact that under the Reserve Act of 1918, the act of October 18, 1918, it was provided by the Congress that Reserve officers should be distributed in the several grades in the same proportion as now obtains among the regular officers of the Public Health Service.

That provision, perhaps, was put in as a restrictive provision. As a matter of fact, it has been too liberal, because as we go out to recruit Reserve officers we find that it is possible to get the largest proportion of them among the young physicians who have not yet placed themselves. As a result if we were to adhere strictly to that provision of law the cost would be more than half a million dollars, and that amount is greater than the cost of providing the temporary higher grades to which I have referred.

Mr. BULWINKLE. What is the cost of that under this bill?

Surgeon General PARRAN. I have it right here, Mr. Chairman. This estimate was made in December. It is based on the number of officers affected at that time. The total cost was \$173,826, and the saving as a result of not promoting the Reserves to the ancient ratio of 1918 would be \$423,000. So, you can see that there would be a considerable saving if the provisions of section 4 of this bill were enacted into law.

Emphasizing the further need for this authority to increase the grades of certain of our officers, we have a special request from the commanding general in India commending the services of a number of our officers who are there in the grades of first lieutenant and captain, and saying that he wishes to use them in positions of greater responsibility and urging that they be given an increase in grade in order to utilize their services in larger tasks.

As a result of gallant action on the part of some of our men in the Philippines the commanding general recommended promotions for them which we were unable to provide.

There is a certain consideration, Mr. Chairman, which I hope will impress this committee. I have said that we have a fine group of officers in the Public Health Service, an organization that is not duplicated anywhere else in the world, but an organization, after all, is made up of people, and the effectiveness of any unit depends upon its morale, and sometimes the morale of a unit depends upon some very little thing. In this case these men feel that they have been discriminated against. They see medical officers, dental officers, and engineer officers in the other corps, men who were their classmates in school, move ahead of them by several grades. We do not expect or need to make promotions as rapidly as has been done in the Army, for example, because our ratio of increase is not so great as theirs. On the other hand, some recognition of the wartime service of our officers would have a tremendous effect that cannot be measured in dollars and cents—an effect on the morale and spirit of these men who have been doing so much for the health of the people of this country and the armed forces.

I should point out that the casualties among the officers of the Public Health Service on the last count were between 1 and 2 percent. At the outset of the war we had a higher proportion of our men on overseas duty than did the Army. Much of our work is hazardous. We have had a number of very unfortunate casualties about which there will be testimony later.

I would strongly urge, Mr. Chairman, favorable consideration of the provisions of this bill. If you wish, I should be glad to discuss the provisions of the other sections, the reasons for which, however, are set forth in the original letter from the Administrator of the Federal Security Agency.

Mr. BULWINKLE. I want to ask you a few questions, Doctor, and I know the committee will want to ask you some questions also. The House convenes at 11 o'clock this morning, but I think we could go on until a quorum call sounds, which will be probably about 11:20 or 11:30.

In section 3 it states, "Medical officers below the grade of medical director may be detailed by the Surgeon General from the regular corps to serve as chiefs of divisions." Should that not be changed to "commissioned" officers?

Surgeon General PARRAN. It should be by all means.

Mr. BULWINKLE. That is in line 17, section 3, page 2. Then they are to receive the temporary pay and allowances of a director or a medical director?

Surgeon General PARRAN. The term "medical director" applies to a grade that corresponds to the grade of colonel, and to say that he receives the pay and allowances of the grade of medical director I think is the most exact way of stating it, Mr. Chairman; that is, a sanitary engineering director and a dental director receive the same pay and allowances as a medical director.

Mr. BULWINKLE. I do not want to do any injustice in that. In line 6, on page 2 it states, "commissioned medical officers of such service." Should that not be, "commissioned" officers?

Surgeon General PARRAN. That refers to the Reserve Act of 1918, which I previously discussed, and in the Reserve Act it is provided that the Reserve officers shall be distributed "in the same grades and in the same proportion as now obtains among commissioned medical officers of the Public Health Service."

In other words, it is intended to repeal the requirement that we should have at all times exactly the ratio grade by grade among our Reserve officers as obtained on October 27, 1918.

Mr. BULWINKLE. Are there any other questions, gentlemen?

Mr. PRIEST. Mr. Chairman, I would like to ask the general one question, and that is what material changes, if any, might be contemplated as a result of this bill with reference to the relationship between the Public Health Service and the services in the various States. This bill sets up a Bureau of State Services. Are there any material changes insofar as that program is concerned, that closely coordinated cooperative program between the Public Health Service and the States, contemplated in this bill?

Surgeon General PARRAN. No, except giving us greater administrative efficiency, with more identical approaches and more unification of field staffs and duties and such other administrative improvements, but it would not change our very effective working relations with the States.

Mr. PRIEST. That is fine. Thank you, General. I think that service has been most valuable, certainly during this wartime with all of the epidemics and venereal diseases. I would not want anything to happen that in any way would affect adversely that fine cooperative effort.

Mr. MYERS. General, I understood you to say that there is a senior medical officer of the Public Health Service in each of the service command areas.

Surgeon General PARRAN. Yes.

Mr. MYERS. Would you just briefly explain his duties with regard to each service command?

Surgeon General PARRAN. Yes. I can explain best if I may put a copy of his letter in the record. (See attached.) In effect, the Army said that they were not accustomed to dealing with State and local health authorities. Around each camp there may be two State and a dozen different local authorities. The Army wished the Public Health Service to insure safe health and sanitary conditions in these areas. For example, when cases of meningitis or other epidemic diseases occur, the Public Health Service secures the information for the Army. We act as its agent in dealing with the State and local people on the one hand, and in getting them to do the things necessary for protection of the health of the military population; and on the other hand, we keep the military chief surgeon and the commanding officer informed of the presence of epidemic and other diseases in the civilian population.

WAR DEPARTMENT,  
THE ADJUTANT GENERAL'S OFFICE,  
*Washington, October 28, 1940.*

Subject: Public Health Service Liaison Officers, Corps Area Headquarters.  
To: Commanding Generals of all Corps Areas.

1. The valuable assistance afforded by the United States Public Health Service during the maneuvers of the past summer renders it desirable to continue this



cooperation during the present emergency. The United States Public Health Service has agreed to continue this cooperation, using its own resources in association with State health services in safeguarding the health of military personnel by suitable measures of extra-military sanitation and extra-cantonment sanitation.

2. The Surgeon General of the Public Health Service has indicated that he will, as soon as practicable, detail an officer to each corps area headquarters in order to coordinate the activities of the Public Health Service with the military requirement. Upon the arrival of these officers, corps area commanders will provide them with suitable office space and office equipment in corps area headquarters.

3. Corps area commanders are enjoined to cooperate with the Public Health Service and its representatives to the fullest extent.

By order of the Secretary of War:

(Signed) E. S. ADAMS,  
Major General,  
The Adjutant General.

Mr. MYERS. I understood you to testify that among your many functions in this emergency is the establishment of emergency relief hospitals for civilian defense to take care of those who may be injured in air raids. How are those handled?

Surgeon General PARRAN. Administratively they are under the Office of Civilian Defense, but medical officers to man the base hospitals are commissioned in the Reserve of the Public Health Service. The chief medical officer of the Office of Civilian Defense is here, and I am sure he hopes to testify later.

Mr. MYERS. When you say the establishment of base hospitals, do you mean that you would use the existing facilities and the existing hospitals in civilian areas for that purpose?

Surgeon General PARRAN. In some cases yes, and in other cases a school or some other institution has been earmarked by the local civilian-defense group with the approval of the State and regional medical officers to be used for that purpose. In other words, a structure is earmarked, and perhaps alternate structures are earmarked which can be converted promptly into receiving hospitals for casualties.

Mr. MYERS. I further understood you to say that among your functions are community health and medical services given under the Lanham Act and various housing-authority acts. Would you just briefly give us a little more information in connection with those functions?

Surgeon General PARRAN. In connection with the Lanham Act our sanitary engineers certify as to the needs for water supply and sewerage systems. Our medical officers similarly certify to the Public Health Service the need for hospitals and the number of beds which may be required. We do not have the authority to see that the hospitals are built, because in the first place the grant is made by the President on recommendation of the Federal Works Agency. In the second place, there are various groups in the War Production Board who have been very zealous during many months in curtailing or refusing to give priorities to some projects which we have certified to be seriously needed.

Mr. MYERS. Do you have anything at all to do with the administration of those health and medical services once they are established and set up?

Surgeon General PARRAN. Under the provisions of the Lanham Act no one in the Federal Government has any authority over the pro-

fessional services in the community general hospitals. However, there is a group of hospitals which have been set up and administered by the States, a group of quarantine hospitals for the treatment of acute venereal-disease patients. In connection with those hospitals we do have responsibility for providing medical service.

Mr. TIBBOTT. I would like to ask the Surgeon General if he would explain to us the functions of the Bureau of State Services?

Surgeon General PARRAN. In a word, to administer the provisions of title VI of the Social Security Act and the provisions of the Venereal Disease Control Act and such parts of the industrial hygiene program as involve grants-in-aid to the States; sanitary engineering work in connection with certifying the safety of sources of water supply used on interstate carriers. That is the type of work which now flows out of two or more divisions here, and out of our district offices, and this is an effort to simplify the administration of those several functions.

(At this point there was discussion off the record at the conclusion of which the following occurred:)

Surgeon General PARRAN. I should like to recall the very important act which the chairman sponsored to establish the National Cancer Institute, and to say that the research work that is going on there now represents the best that is being conducted anywhere in the United States, or for that matter in the world. Moreover, in this very short period of time, Mr. Chairman, that institution has attained a position of preeminence among all of the cancer research institutions of the country, so that there has been developed a vast degree of coordination in regard to cancer research. The private institutions of the country look to the National Cancer Institute for leadership.

Mr. MYERS. Did I understand you to say that in Great Britain venereal disease has increased approximately 70 percent since the beginning of the war, and that by comparison there has been no considerable increase in this country?

Surgeon General PARRAN. Yes, sir. Mr. Ernest Brown, Minister of Health of Great Britain, on the 15th of December 1942, in proceedings of the House of Commons, page 1877, stated:

Now, if service infections, that is, venereal diseases contracted in this country, be included, the estimated rise is 70 percent since 1939, which takes us back to the incidence rates of 1932.

He had previously pointed out that between 1932 and 1939 there had been a steady decline, and continuing, he says:

The clock has been put back 10 years. The latest information is that the rise is still going on and the clock is being put back still further.

Mr. MYERS. In comparison, I believe you stated that there has been no considerable increase in this country?

Surgeon General PARRAN. That is correct.

Mr. BULWINKLE. What increase has there been, if any, Doctor?

Surgeon General PARRAN. Mr. Chairman, it is a little difficult to speak too definitely on that point because, in the first place there has been subtracted from the population a considerable group of men who are now in the armed forces, and there have been great shifts in population so that it is difficult to get an accurate population base for purposes of comparing rates. Nobody knows how many people there are in one area or another with any degree of accuracy.

As a result of the selective-service examinations a great many cases of venereal disease theretofore undetected are being brought to light and being brought under treatment, and their sources of infection are being brought under treatment. But, as far as we can tell, taking the country as a whole there has been no increase in the rate of infection of syphilis. In the armed forces there was an increase between the peacetime rate of 29 and a fraction per thousand to a rate published last year of 41 or 42 per thousand. I think it was 42 and a fraction per thousand. That was a very considerable increase.

During the past year, however, the rate in the military forces has not gone above that, and for troops in this country it has gone down somewhat. The exact figures are a military secret.

Mr. BULWINKLE. For the information of the committee, what do you mean by 29 and 42, Doctor?

Surgeon General PARRAN. The lowest rate of venereal disease infection which the Army ever had was in 1939, and that was a rate of 29 and a fraction per thousand strength.

Mr. BULWINKLE. Per thousand strength?

Surgeon General PARRAN. Yes, sir.

Mr. BULWINKLE. I did not want anybody to get the impression that that was per hundred. Thank you, Doctor.

Surgeon General PARRAN. Thank you, Mr. Chairman, and gentlemen of the committee.

Mr. BULWINKLE. The next witness is Admiral Waesche, Commandant of the United States Coast Guard.

#### STATEMENT OF VICE ADMIRAL RUSSELL R. WAESCHE, COMMANDANT, UNITED STATES COAST GUARD, WASHINGTON, D. C.

Admiral WAESCHE. Mr. Chairman, I am here to recommend a slight amendment to this bill, which I understand has the approval of the Surgeon General of the Public Health Service, and I have cleared it myself with the Navy Department and with the Bureau of the Budget, so that it has the formal approval of the Navy Department and of the Bureau of the Budget.

The suggested amendment is on page 2, in section 2, line 12, after the word "act," insert the following provision:

and the officer assigned as chief medical officer of the United States Coast Guard.

The purpose of that amendment is to increase the rank of the officer who heads the medical department of the Coast Guard. At the present time his rank is that of medical director, which is equivalent to the rank of colonel in the Army. This proposed amendment would make him one of the Assistant Surgeon Generals with the rank of a brigadier general in the Army. That is what we call an "Irish promotion." It gives him no increase in pay at all, but it costs him money to change his uniform.

The reason for the amendment is because of the fact of the great expansion of the Coast Guard and the consequently increased duties and responsibilities on the part of this officer who heads up the medical department of the Coast Guard. The Coast Guard at the present time has an authorized strength of 150,000 enlisted men and



6,000 commissioned officers. We are almost up to that strength now. We have over 140,000 enlisted men, and over 4,000 officers. We are rapidly building up to that strength of 150,000 enlisted men and 6,000 officers, and will need even greater strength. That does not include what we call temporary reserves in the Coast Guard; men who serve without pay or on part-time duty. They number some 25,000 or 30,000. With that increase in the strength of the Coast Guard, naturally the responsibilities upon the officer who heads up this medical department have been increased tremendously.

He has under him some approximately 600 either full-time or part-time officers of the Public Health Service, and, of course, I think it is unnecessary to detail what his duties are as head of the medical department of the Coast Guard. He is responsible for the physical examination of all applicants for enlistment. He is required to superintend the outfitting of new Coast Guard stations and vessels with medical and dental equipment. He has charge of the assignment of full-time medical and dental officers to the Coast Guard and other transfers within the Service, including the recruitment of acting assistant surgeons on a fee basis. He is responsible for the review of decisions on all reports on physical examinations and all boards of medical surveys for officers and enlisted men. He must review the proceedings of all retirement boards concerning the sufficiency of medical evidence. He has charge of the training of hospital corps men and their assignment, and he must pass upon the emergency medical supplies and equipment used by the Coast Guard in connection with all of its work.

I think that is sufficient to show the responsibilities that he has now, compared to those that he had a couple of years ago when the total strength of the Coast Guard was not more than 12,000 to 14,000 officers and men.

**Mr. BULWINKLE.** Admiral Waesche, I would like to ask you this question for the record: You do not have a medical service in the Coast Guard?

**Admiral WAESCHE.** No, sir; we have always depended upon the Public Health Service to furnish our medical and dental service.

**Mr. BULWINKLE.** Back some years ago I was on the Committee on Veterans' Affairs that gave the Coast Guard the benefits, rights, and privileges of the War Risk Insurance Act. Prior to that time you did not have those benefits. These commissioned medical officers in the Public Health Service are not under the provisions of that act either, are they?

**Admiral WAESCHE.** I believe not.

**Mr. BULWINKLE.** In the event one of these officers is assigned to the Coast Guard, or detailed to the Coast Guard, whatever it might be, and he is killed in action or is disabled for some cause, does he come under the provisions of the law in regard to compensation or retirement benefits?

**Admiral WAESCHE.** I am not sure whether he has retirement benefits or not. There are many advantages that the Coast Guard and the Army and Navy officers get that the Public Health Service officers do not. I know, for one thing, they do not get the 6 months' gratuity pay; that is, the wives or widows of the officers in the Public Health Service do not get the 6 months' gratuity pay upon their death, which, unquestionably to my mind is rather inconsistent; at least in those

cases where P. H. S. officers are serving with the Coast Guard. For example, we have medical officers of the Public Health Service assigned to our larger cutters which are on convoy duty in the war zone. They are, of course, taking the same risk as any Coast Guard officers or naval officers. Yet, if they lose their lives in the torpedoing of a vessel, on which they may be serving alongside Coast Guard officers, the dependents of any lost Coast Guard officers will receive certain benefits while the dependents of the P. H. S. officers are not entitled thereto. I say there is a discrepancy there, particularly when they are serving with the Coast Guard in the war zone, as many of them are now doing.

Mr. BULWINKLE. There are a good many discrepancies.

Admiral WAESCHE. I am not sufficiently familiar with the law to enumerate all of those discrepancies, but there are a number of them.

Mr. BULWINKLE. It is my intention to introduce a bill to try to correct that, although it will not come to this committee. I think it will go to the Committee on Veterans' Affairs, where we took care of the Coast Guard.

Mr. MYERS. Is the physical examination for entrance into the Coast Guard the same as that for a boy seeking admission to the Navy?

Admiral WAESCHE. It is practically the same.

Mr. MYERS. It is a higher standard than the Army has had heretofore?

Admiral WAESCHE. For enlistment in the Army; yes.

Mr. MYERS. Let me ask you this, Admiral: Under the new set-up, whereby all volunteer enlistments are prohibited, how does the Coast Guard proceed now to secure new men?

Admiral WAESCHE. That machinery is already set up. Of course, we work through the Bureau of Naval Personnel which works with the Army under the Selective Service Act. A boy wanting to enlist in the Coast Guard goes to the induction center, and certain joint induction stations are being set up by the Army throughout the country for that purpose. He goes there and after getting a clearance from the draft board, presents his paper to the Coast Guard recruiting officer, and thereby is permitted to be inducted in the Coast Guard. In other words, there is an allocation worked out between the Army and the Navy so that out of so many selectees the Navy gets their proportion of them, the Army gets their proportion, and the Marine Corps and the Coast Guard get their proportion.

Mr. MYERS. If the draft board will release a registrant, will he on that release be immediately accepted into the Coast Guard?

Admiral WAESCHE. Yes; but it is done on a quota basis. For example, if in a certain period of time more boys apply for induction into the Coast Guard through the Selective Service than our quota will permit us to take, the first boys applying get the choice, and when that quota is filled the remaining go into the Army or Navy. In other words, a boy gets his choice to join the Coast Guard so long as the quota for the Coast Guard for that particular day or week is not filled.

Mr. BULWINKLE. Are there any further questions? We thank you very much, Admiral. Dr. McCormack.

Dr. McCORMACK. Yes, sir.



## STATEMENT OF DR. A. T. McCORMACK, STATE HEALTH COMMISSIONER OF THE STATE OF KENTUCKY

Mr. BULWINKLE. Doctor, will you please give your full name and whom you represent?

Dr. McCORMACK. Dr. A. T. McCormack, State health commissioner of Kentucky, and I am speaking as a representative of the State health authorities of the country.

I consider it a very special privilege to appear before this committee. I have had the privilege before, and I have become aware of its tremendous importance in the operation of our form of democracy. I never come before you without a feeling of intense gratitude for the privilege of knowing something about the operation of the legislative procedure in this democracy of ours, and the amount of time and study that is devoted by these committees to legislative proposals with a view of perfecting our procedure.

Representing a section of the country and a particular group of officials who are very jealous of State authority, and who always view with suspicion any increase or any change in any Federal legislation, it is a particular pleasure to be able to say to your committee that if all of the agencies of Government had the same relationships with the States that the Public Health Service has there would never have been any legitimate objection to what is sometimes designated as bureaucracy, used as a derisive term or in a critical sense.

The Public Health Service has come to use in a purely sympathetic and consultative manner, and unless we neglect our duties in the States to such an extent as to endanger the public health of other States they never exercise the Federal authority. When they have done so they have done it because it ought to have been done. It has been done sometimes in my State, and whenever they did it it was because we had neglected to do something that we ought to have done that would have injured the health of the people of Tennessee or the health of the people of Indiana. Consequently it is a privilege to testify in regard to an agency of our Government that in itself has met the approval of all those who have come in contact with it, and I presume it receives less criticism from those who are acquainted with its activities than any other section of the whole Federal Government.

Your committee has necessarily legislated in the past largely with a view to overcoming a particular emergency or a particular difficulty that has arisen at that particular time, and for that reason the Public Health Service, like the health departments of most of the States, has been built up like our old houses in the South with a cabin in the center and then gradually expanding, building out to the sides, and sometimes we have not had good architectural advice, and our structure is not organized so that it develops economically and efficiently. We have today lots more work than we now can do when we do not have enough servants to do it, and that is particularly important in the agencies of Government. We should develop them so that they can accomplish their duty with the least authority and with the smallest personnel instead of trying to get as much authority and as much personnel as possible, and that seems to me to be the chief purpose of this bill which you have prepared.

I would like to leave with the committee a chart of the organization of the State Health Department of Kentucky that shows its activities. That is just exactly in line with this bill. You see, we have State-wide service and local service. It is not a matter of much importance how much knowledge is in the Public Health Service, the State or National health institute unless there is an agency in each county, a retail store where the people in the county can find public-health knowledge that they can use. In other words, it does not make much difference how much we know about how to protect people from disease if the mothers and fathers of the families in the counties in your districts do not know that so that they can apply it. The idea is to get this developed. The Public Health Service has been a tremendous help in doing that.

I would like to talk to you about the health organization of the country, because it is always a temptation to talk to men who have the authority and the interest that you men have, because I know how busy you are and how important your functions are in connection with interstate commerce and the communications system and the railroad systems and various other things, but it is for us to remember that none of them are of any use except insofar as we have healthy, productive manpower in the country. We have to make provision for the protection of the health and the lives of the people that are going to use all of these facilities, and all of these other things and that are going to run our mines and our farms and are going to populate our cities, and it is that function in which we are particularly interested at this time.

One problem that is presented to the Service and to the country that has not been equitably covered in any existing legislation came to my attention, especially when I came up here the last time to investigate a situation that had occurred with regard to one of the engineers of the Service who happened to have rendered enormous service to the people of Kentucky and to the whole Ohio River Basin.

Mr. Robert W. Kehr, an engineer in the Service, had been stationed at Cincinnati for quite a long time. He was one of the most capable officers I ever knew. He worked all day every day. He really helped us tremendously in the finding not only of the problem presented by the pollution of the Ohio River, which threatened to destroy it as a source of drinking water, but he helped to relieve the pollution economically and effectively, and that was all the way from Pittsburgh down to Cairo, and it was a tremendous job that he did.

He was assigned to the Alaskan Highway when that work started, and he was up there as a sanitary engineer, and the airplane in which he was traveling was lost, and it has never been found, and he disappeared. I knew his wife very well. She was a North Carolinian, by the way, a very lovely woman, and I found to my surprise that that man was the only one in the whole military force connected with the building of that important highway that was not protected in any way because of his employment in the Government. He did not have the benefits of the advantages that the other people who were on his plane had. All of their families were benefited by insurance. All of their families were benefited by all of the other provisions of the perfectly proper provisions of law. He was the only one who was not protected. That seems to me to be unjust, and when I looked into it and inquired about it I found some other incidents that were even quite as striking

as that. Assistant Surgeon Rosenbloom was reported missing September 2, 1942, when a Coast Guard cutter was sunk by enemy action in the North Atlantic. Doctors Black, Dorset, Hawk, and Sarwold have been missing in the Philippines since May 1942. They are either lost or they are prisoners of war.

Now, these officers of the Public Health Service, when they are assigned to the protection of the health of troops in the pestilential areas of the world, in which the war is largely being fought, are on the first line of danger, and it seems to me so definite that they should be protected that I would like to set before the committee, if you would permit me to do so, an amendment, of which I have drawn a rough draft, that would cover that particular section, to be inserted in the bill at the proper place:

"Regular and Reserve commissioned officers of the Public Health Service—and there I think we should say commissioned officers, including dentists and engineers, when the bill is amended to say "commissioned" officers instead of "medical" officers, as it includes all commissioned officers—

who are detailed for duty with the Army, or who are stationed outside the continental limits of the United States or in Alaska, or who are assigned to duties determined by the Administrator of the Federal Security Agency to be connected with the national defense, shall be entitled to all rights and benefits including insurance, burial and survivors' benefits, compensation, retirement, and uniform allowances, now or hereafter provided by law for officers of the same grade and status of the Medical Corps of the Army. Regular and Reserve commissioned officers of the Public Health Service who are detailed for duty with the Navy, Coast Guard, or War Shipping Administration shall be entitled to the above-mentioned corresponding rights and benefits now or hereafter provided by law for officers of the same grade and status of the Medical Corps of the United States Navy: *Provided*, That this section shall apply in like manner to Regular and Reserve commissioned officers (and their dependents, if any) who were serving outside the continental limits of the United States on December 7, 1941, or who, since December 7, 1941, have been made prisoners of war, or who have been disabled, or who have lost their lives while on active duty, which the Administrator determines to have been connected with the national defense.

There is another section which I request be included, which reads:

Sec. 10. On request of the Secretary of State, regular and reserve commissioned officers of the Public Health Service may be detailed by the Administrator of the Federal Security Agency for duty abroad as public health attachés, and while so serving, they shall be entitled to such additional pay and/or allowances as are now or hereafter provided for officers of corresponding grade of the Army serving as military attachés.

Mr. BULWINKLE. I might say to the committee that Dr. McCormack gave me a copy of this 3 or 4 weeks ago. I have been working on it since with the legislative counsel trying to perfect the amendment so that I can take it up and determine what part goes to this committee and what part goes to the other committee.

Dr. McCORMACK. I am sorry that has to happen because I find your committee so much more constructive and sympathetic than the committees attending to ordinary insurance and pension affairs, because you have no controversy occurring in this committee.

Mr. BULWINKLE. At times we have some controversy in this committee, too.

Dr. McCORMACK. It is always a privilege to come before this committee, and I cannot express too deeply my gratitude to the chairman



and the chairman of the subcommittee and the committee as a whole for the legislation which has led toward the control of venereal diseases, because it seems a rather idle thing to try to correct and eradicate pestilences in other places in the world when in many places in the United States, for example, in the most erudite and the wealthiest county in my own State 20 percent of the selectees have been rejected because they had syphilis; that seems a difficult thing to realize. Suppose that had been cholera or yellow fever, the whole world would have been up in arms trying to correct it and yet these men are more seriously disabled. They would only die of cholera or yellow fever. These men fill our asylums and do all of the other things that the sequelae of syphilis cause, and we are taking steps to correct those things, and now we can do it much more effectively and much more economically and very much more quickly if the bill which is now pending before this committee is enacted into law so that there will be less duplication of effort and so that there will be less bookkeeping, and so that there will be more service rendered to people who need the service. That is the basic reason why this legislation is so important now.

It is important as a war effort. It is essential as a war effort, and its early passage is, I think, one of the most important contributions that can be made to the war effort. But, far and away beyond that is the effect it will have after the war is over, because during the war we will have learned to do quickly and effectively the things that have needed to be done for the last 75 years, and that we have failed to do because we have failed to have an organization that can make the effective and the quick response that the situation so frequently demands, and that can be done from this time on.

Too frequently those of us who represent the prime beneficiaries of public-health legislation are delinquent in reporting to you, who are the authors of such legislation, the benefits which the people of your district have derived from the agencies which you create. For example, we know that approximately one-third of the inmates of the hospitals for mental and nervous diseases in the United States are there because of one disease, syphilis.

You created an agency in 1938 in the Public Health Service for the control of this disease. We have already not only sterilized thousands of those who had the disease so that they will not transmit it to others and to their children, but through our research agencies we have developed a new treatment that is so spectacular and so effective that it would be one of the outstanding pieces of news of this day if it were not obscured by the war. We are now able to take newly developed cases of syphilis into hospitals where they can be treated for 5 days, and in the vast majority of cases at the end of that time they are entirely free from the infection of syphilis.

When you contrast this with the routine treatment now prevalent which requires 18 months to successfully treat a case of syphilis, you can readily see the tremendous economic difference.

However, this hands us another tremendous social problem. For example, in one county in Kentucky we find that we have 1,200 to 1,500 female prostitutes. This puts prostitution in the realm of big business. This is the largest industry in this county. Suppose we sterilize all of these women, they will soon become infected again if

they continue their trade, and it is therefore important for us to develop these isolation hospitals so that they will be able to give vocational training to such women and transfer them under probation and humane and sympathetic supervision to war or peace industry where they will earn their livelihood on their feet instead of on their backs.

In the field of cancer research there were several hundred people devoting their entire time to research in this important field when the National Cancer Institute was formed. Many of them were duplicating the same studies. None of them were familiar with what the others were doing. The National Cancer Institute is becoming a clearing house where every one of these people may know what every other one has learned, and that has hastened the day when the problem of cancer control will be solved.

In the matters of maternal and child health tremendous progress has been made and we now know exactly what we have to do to throw every modern, scientific safeguard around motherhood and around the rearing and development of babies through childhood.

One problem has still been largely neglected from the Federal standpoint. That is the problem of tuberculosis, and until we have Federal legislation along the lines of title VI of the Social Security Act and the Venereal Disease Act and the act establishing the Cancer Institute, until we have Federal legislation along those lines for tuberculosis we will have overlooked one of the diseases that causes the greatest loss of manpower.

I would like to have you gentlemen in Congress know that in almost every county in your districts agencies have been created through the cooperation of the local, State, and Federal Governments to bring modern, scientific, life-saving knowledge to your people. That is the purpose I know you have in mind, and we propose to see that your purpose is realized.

Mr. BULWINKLE. Thank you very much, Doctor.  
Colonel Wile.

#### STATEMENT OF MEDICAL DIRECTOR UDO J. WILE, UNITED STATES PUBLIC HEALTH SERVICE RESERVE

Colonel WILE. Mr. Chairman and gentlemen, I should like to direct my remarks to a subject which the chairman himself mentioned a few moments ago concerning certain discriminatory rulings which affect adversely the members of the commissioned staff of the Public Health Service, both the Regular and the Reserve officers.

It is probably known to all of you that even before Pearl Harbor every physician in the country was circularized by Executive order of the President and asked to designate whether he was fit or would be willing to enter the armed services, or to State whether in view of disability or absolute civilian needs he would accept certain civilian obligations.

Under this Executive order of procurement and assignment every physician of age and able to pass the physical requirements necessary was given the choice of joining the Army, the Navy, or the Public Health Service, the three uniformed services, the inference being, of course, that these services, differing somewhat in type of service, offered the same emoluments and privileges. A number of men, of

course, chose the Public Health Service largely because in this service, being a considerably smaller organization, it was possible for men to be engaged in certain tasks which were particularly suited to their peculiar qualifications. In the Army and in the Navy it not infrequently happens that a round peg is in a square hole. Men are placed where they are best suited, if possible, but in many cases their particular talents are wasted.

A number of these men who joined the Reserve Corps of the Public Health Service found, shortly after their induction into the service, that they were not entitled to the same considerations that pertained to the Army and the Navy. They were not permitted to take out war-risk insurance. They did not benefit by the Soldiers' and Sailors' Act, which enabled them to cancel certain rental obligations, and I may say all of these men who came in under these requirements, under these conditions, left civil life and in many cases lucrative practices in order to do their job for the Government. They found themselves, therefore, without the necessary protection to their families and without being able to cancel the obligations which the Soldiers' and Sailors' Relief Act provided for those who entered the Army or the Navy.

I did not realize this myself when Surgeon General Parran invited me into this service, and it does not in any way concern me directly, because, having served during the last war, both in the British and in our own service, I already have my war-risk insurance, and such sacrifices as I made were not in any way concerned with the Soldiers' and Sailors' Relief Act.

General Parran has given me the job of field surveys in the venereal disease control activities. Those surveys take us into all parts of the country where there are large concentrations of troops, or large industrial groups in centers of increased population. There was a distinct shortage of officers who were qualified to do this particular kind of work, and it was especially one of my implied tasks to supply, if I could, such officers and in my connection with teaching over a period of 31 years I was enabled to contact a great many men who were thoroughly qualified to take up this work. I wrote to many of these men and received favorable responses from practically all of them. I interviewed some 13 thoroughly qualified men, all of whom would have been a distinct addition to the staff, as well as contributing a very fine group of specialists to this work, and up to date I have not been able to secure a single one of them and the reason given in each case was that they are unable to relinquish their obligations under the existing circumstances unless they have the same opportunities as are offered to those who enter the Army and the Navy. Some of them have already entered these services, and others are hoping that this situation may be changed for them.

That, in brief, gentlemen, is my contribution to this hearing.

Mr. BULWINKLE. Are there any questions?

Mr. MYERS. Colonel, it is my understanding that practically all physicians under the age of 45 were requested to volunteer for service with the armed services. Am I correct in that understanding?

Colonel WILE. All physicians of any age were required to sign this questionnaire, which was issued by Executive order and which was called a questionnaire of procurement and assignment. It was understood that except for those who were in essential teaching positions



or except for those who were disqualified physically, every physician should sign his willingness to serve in one of these three groups, the Army, the Navy, or the Public Health Service. Now, it amounted almost to a draft. There were, of course, many exceptions where a community might be left without adequate medical help, where a young man was kept there by the board of procurement and assignment for good and obvious reasons, but while it was not specifically stated, it was practically an obligation of all men who were physically able, and under a certain age, to undertake some form of Government service.

Mr. MYERS. And the age, as I recollect it, was somewhere around 45.

Colonel WILE. I could not be certain about that myself.

Mr. MYERS. Of those who did come in, was the commission given to them usually based upon age?

Colonel WILE. In the beginning, no; it was not. In some instances special qualifications would permit a younger man to a higher grade, but generally speaking you are entirely correct, that the commissions were based upon age and experience.

Mr. MYERS. While, of course, in many instances because of experience and training the age limitation do not apply, generally it was based on age brackets or age groups?

Colonel WILE. That is correct, sir.

Mr. BULWINKLE. Are there any further questions of the Colonel? We thank you very much, Colonel.

Colonel George Baehr.

#### STATEMENT OF COL. GEORGE BAEHR, CHIEF MEDICAL OFFICER, UNITED STATES OFFICE OF CIVILIAN DEFENSE, MEDICAL DIRECTOR, UNITED STATES PUBLIC HEALTH SERVICE

Colonel BAEHR. Mr. Chairman, I have received the privilege from the Surgeon General of appearing before you and giving my testimony without any reservations or inhibitions, and I can, therefore, speak freely, but I would request that my statements be regarded as my personal opinions, and not those of the Service.

I am a Reserve officer who entered the Service in June of 1941, at the request of the Surgeon General. I was appointed by him with the rank of Medical Director in the Reserve Corps of the Public Health Service, and assigned as chief medical officer to organize the activities of the medical division of the Office of Civilian Defense. The responsibility of the medical division is to organize the local, State, and other medical facilities of the country, in order to provide the best possible protection for the civilian population against the hazards of direct enemy action and sabotage.

The staff of the medical division, which has been assigned by the Surgeon General, consists of regular officers of the Public Health Service and Reserve officers. Altogether the headquarters staff and the regional staffs assigned to each of the service command areas, and the field staff number approximately 70 or 75 medical officers and sanitary engineers.

I should like to speak in support of the proposed amendment introduced by Dr. McCormack. Having served in the last war with



the American Expeditionary Force I can state in comparison that the exposure to danger of many of the officers in my division is far greater than that to which the great majority of the medical officers were exposed during the last war, even when in service with the Army of Occupation overseas.

I happen to be in the fortunate position that Dr. Udo Wile described, in that I have war risk insurance from the last war, and I am able to carry adequate protection in the form of insurance by using my savings, but this is not true of most of the Reserve officers, and in the division which I happen to head the exposure to danger is considerable. Next week one of my officers will proceed abroad for overseas service in order to serve with the British as a medical intelligence officer. He will serve with casualty survey teams in places of the greatest danger. It will be his responsibility to be in places wherever there is danger in order to bring back to us the daily observations made under war conditions in a country under enemy attack so, that we can modify our program and our techniques for the defensive procedures which must be established by us in this country and elsewhere.

Mr. BULWINKLE. I think, without doubt, Colonel, and I believe I am speaking for the other members of the committee, that we will give serious consideration to these matters that you have spoken of. We have certain procedures that we must go through with. In drafting it we want to draft it so that there will be no questions about the benefits each member will get. When the time comes the committee will go into it and take it up.

Colonel BAEHR. Thank you, sir. I have only one or two other items which I should like to present for your consideration. They have not been discussed with other officers of the Public Health Service, and there may, therefore, be some reason why they cannot be considered.

Mr. BULWINKLE. All right, sir.

Colonel BAEHR. It seems to me that section 3 might possibly be more advantageously worded in the following manner to the benefit of the Public Health Service:

Officers detailed as Chiefs of Divisions by the Surgeon General shall hold the grade of Medical Director while so detailed.

That is implied in that section, but not stated.

Such assignments may be made by the Surgeon General from the regular and Reserve Corps and the civil-service employees of the Public Health Service. I make that statement because if I had, as chief of a division, been functioning within the Public Health Service rather than assigned to function by the Public Health Service with another Federal agency it would have been impossible for me, as a reserve officer, to be designated as a chief of a division. I can readily conceive of the possibility that in grave emergencies and under exceptional circumstances a civil service employee might also temporarily be desirable as chief of a division. In fact at least two scientists on a senior civil service status are now serving as chiefs of divisions in the National Institute of Health. This being at the discretion of the Surgeon General in the case of these two categories of Reserve officers and civil service, the proposed rewording would have no mani-

fest disadvantage. Then the rest of the section might continue to read:

Not more than six such commissioned officers at one time, while so detailed, shall have the temporary grade and receive temporarily the pay and allowances of a medical director.

If the language I have suggested does not accomplish the purpose, some change in the language of the bill as now written seems needed in order to permit the continuation of this policy which has been successfully in effect for many years.

I have one other suggestion to propose, and that is an amendment to section 4. After the concluding sentence of section 4, page 3, line 6, the following sentence might be added:

At all times, however, Reserve officers shall be eligible for any of the several grades, at the discretion of the Surgeon General, without regard to fixed requirements.

My purpose in suggesting this is because I feel it would be an advantage to the Public Health Service if, especially in time of war or other national emergency, it would be possible to advance Reserve officers without waiting for the aging process, but in accordance with merit and qualifications which warranted their advancement to posts of importance, and under such exceptional conditions, to the rank which appropriately would go with that post.

Mr. BULWINKLE. We shall be glad to consider those suggestions. Are there any questions? Thank you, Colonel.

Dr. Mead.

#### STATEMENT OF DR. STERLING V. MEAD, CHAIRMAN OF THE LEGISLATIVE COMMITTEE OF THE AMERICAN DENTAL ASSOCIATION, WASHINGTON, D. C.

Dr. MEAD. Mr. Chairman, and members of the committee, I am chairman of the legislative committee of the American Dental Association, and by authority of the board of trustees, representing some 70,000 dentists throughout the United States, I am authorized to appear here in support of this bill. To augment this program I ask that certain changes be made in the bill to make for more efficiency in the dental service. The 70,000 dentists in the United States for the care of 138,000,000 people are looking to the dental service of the United States Public Health Service for leadership in arranging for the care of people. This is not just an emergency for public health now, but anyone who realizes the changes that are taking place and will read the writing on the wall will know that there are many changes taking place, and that now is the time to plan for the future and not just for the present. So, therefore, we are interested in obtaining for dentistry some of the things that will help bring about more efficiency in bringing about changes for the benefit of the public.

It is very common knowledge that the mouth is the seat of more diseases than any other part of the body, and that many systemic disturbances are caused by mouth diseases.

This has been verified by surveys made by the United States Public Health Service and the American Dental Association.

This fact has also been verified by the physical findings of the men selected for military service.

In the drafting of men for the military service it was found that in the examination of the first 2,000,000 men, 1,000,000 of those men were disqualified because of physical defects, and of that 50 percent of the men that were found physically unfit in the original findings, 20 percent of those were found unfit because of dental defects. The next highest cause of rejection was the eyes and rejections on account of eye defects were 13.7 percent. The next was the heart, so that there is no question that dental considerations insofar as health is concerned are of paramount importance.

For years, the American Dental Association has studied ways and means of improving the dental health of the American people. The council on dental health of the American Dental Association has, as its major responsibility, the development of plans and programs that will provide the public with more adequate dental care.

The American Dental Association feels that, considering the magnitude of the problem, the United States Public Health Service has not adequately supported programs for the provision of dental care for the public, nor has it taken the leadership in the field of dental health as it properly has in other fields of health service. It is the feeling of the American Dental Association that this condition exists, not through lack of interest on the part of the United States Public Health Service, but rather because of the limitations imposed upon the planning and execution of dental programs by medical officers, whose medical training and experience does not provide them with the technical and practical knowledge demanded in this special field. This is evidenced by the fact that in its reorganization plan for the reorganization and functions of the United States Public Health Service, it has failed to make adequate provisions for a suitable administrative unit in the United States Public Health Service, which is absolutely essential for the development of a national dental health program.

Prof. E. A. Hooton of Harvard University has stated:

If dentistry is to survive as a health service there must of necessity be a change of emphasis, a revision of principles and objectives all along the line. The dental profession has been for too long a time a neglected and orphaned child of medicine. While millions have been lavished upon medical schools and hospitals and upon medical research, almost nothing has been allotted for these purposes to dentistry.

The American Dental Association, therefore, has recognized for a long time that we are not providing the leadership that we would like for dentistry in the Public Health Service.

The Congress in 1917 showed its attitude toward the ratio of dentists to medical men in the service when in bill 4897 it stated:

Hereafter the Dental Corps of the Army shall consist of commissioned officers of the same grade and proportionately distributed among such grades as are now or may be hereafter provided by law for the Medical Corps, who shall have the rank, pay, promotion, and allowances of officers of corresponding grades in the Medical Corps, including the right to retirement as in the case of other officers, and there shall be one dental officer for every thousand of the total strength of the Regular Army authorized from time to time by law: *Provided further*, That dental examining and review boards shall consist of one officer of the Medical Corps and two officers of the Dental Corps: *Provided further*, That immediately following the approval of this Act all dental surgeons then in active service shall be recommissioned in the Dental Corps in the grades herein authorized in the order of their seniority and without loss of pay or allowances or of relative rank in the Army: *And provided further*, That no



dental surgeon shall be recommissioned who has not been confirmed by the Senate.

This same ratio in all of the services, in the Army and the Navy, has prevailed since that time, of about four medical officers to one dental officer, but the rank has not prevailed, and that will be taken care of and is being taken care of. In fact, the American Dental Association has just been successful in getting legislation providing a rear admiral for dentistry, who is on an equal basis with a rear admiral for medicine in the Naval Dental Corps. We have now a brigadier general in the Army. There is a major general in medicine, but medicine now has about 40,000 men in the Army, and dentistry has about 10,000, the ratio of about 4 to 1, but there are 29 brigadier generals in medicine, and there is 1 brigadier general in dentistry. This same ratio goes on down through the line for the different commissioned officers. So there is need in all services for a more direct line of approach so that these matters can be equalized.

In the Public Health Service our criticism is that there is no head of dentistry now. They have three separate divisions that are interested in three different phases of work. Each of these services in their own field is doing splendid work, but there is no head of the Dental Service, and there is no one to head the long range program, and there is no one to map out the programs or assist in obtaining appropriations and, naturally, until this work is correlated under one man in a responsible position, dentistry will not attain its maximum opportunities.

In this reorganization plan it is provided that they have, of course, a major general and an assistant surgeon general who shall be a brigadier general, no doubt, but there are 4 brigadier generals in the bureau, and there will be at least 6 medical officers who will be colonels. Now, as a matter of policy, it is suggested that a dental officer might head a division with the rank of colonel, and this would be on the ratio of at least 12 to 1 for medical officers as against dental officers, in the lowest grade for the dental officer. Authority flows from rank and, unless we have a responsible position and a man who can correlate these activities, you will never get out of dentistry in the Public Health Service what the public needs.

Now, this balance is very important. Take, for instance, research. We consider research very important in dentistry as well as in other fields. There is no disease more prevalent that carries and pyorrhea; and, even in cancer, 20 percent of the cancers occur in the mouth. Your director of the Public Health Service will even support that. From 13 to 20 percent of them are found in different localities. Less than 3 percent of the money that is allotted to the Public Health Service has gone for research in dentistry. That seems to be a very small proportion for dentistry. Your committee last year had under consideration a bill for dental research, and it was needed very badly. It was passed by the Senate, and came before this committee and was passed by the subcommittee. It went to the whole committee and I think there was a feeling that it was not necessary to pass the bill because of the provision existing for obtaining these funds for the United States Public Health Service, and that we could get what we asked for from that fund. But they had other problems they were

interested in, and the bill was allowed to die. That is why I think we need a Dental Service because the Dental Service will be interested in dentistry.

There is a great loss of time and great duplication of effort in not having a separate bureau for dentistry, because the Dental Service is supervised by a medical officer, and a dentist who knows his supplies, for instance, is dependent upon the wishes of the one who is superior to him in rank. Let us consider what happened because of this lack of adequate planning in the Army. When we had around 488 dental officers in the Army before the war, and about 4 times that many medical officers, it was a comparatively small unit, and those defects did not stand out as clearly as now, but when we came into the war we had 40,000 medical officers and 10,000 dentists, then the question of supplies became acute. The furnishing of all of the supplies had to be supervised by the medical officer, and we had a breaking down of the system, and today there are many dentists in many camps that do not have any equipment with which to work and many of them are idle because of lack of dental supplies. There are also many other disadvantages to a system of that kind. To cite to you one or two very glaring ones, a dental officer in one case was out of chromic acid which is used for the treatment of Vincent's angina or trench mouth, which is a very prevalent disease, and it is more effectively treated by chromic acid and peroxide than anything else. The medical officer told him he felt it was not needed, because the thing to do was to use Fowler's solution for that purpose. That put the dental officer in a very bad position because he knew what supplies he wanted and needed, but he could not go over the medical officer's head and ask for anything of that kind, so that the patient was the one who suffered because he did not get adequate treatment and did not get the treatment that would most easily and effectively remedy his condition. In another case a dentist had asked for some synthetic porcelain and he was told that that was not needed, that some other material should be used, regardless of what it contained or its effect on the patient. The point I am trying to bring out is that a dentist is in a position to know the kind of supplies he needs and can use most efficiently in his dental service more than anyone else. Dentistry can work well associated with medicine and be a part of the medical program, but there should be a more direct approach from the Dental Division to the head of the Public Health Service and of the Army and the Navy in order to insure this proper planning and correlation of effort.

A bureau of medicine should include those functions for which the physician is specially trained to perform, such as hospitals, venereal diseases, industrial hygiene, and so forth.

A bureau of dentistry should include those functions which the dentist is specially trained to perform, such as corrective services, hospitals, research, industrial dental hygiene, and so forth.

If dentistry is made a division under the Bureau of Medicine in the organization plan of the United States Public Health Service, the functions of dentistry are subordinated to the administration of medicine which is contrary to the general scheme of medical and dental education and their services under normal civilian conditions. It must be borne in mind that dentistry is a separately organized profession—71,000 dentists licensed as such in the United States—with

special laws governing its practice—48 States and the District of Columbia—an independent system of education—39 dental schools in the United States—a separate professional organization, the American Dental Association—membership, 58,000—and special literature—over 100 current periodicals. This vast social function cannot be administered effectively by artificially arranging it as a division of conventional medicine. The profession of medicine is not familiar with dental problems and is not, because of dentistry's special character and purposes, competent to accept the authority and responsibility for an over-all public dental health program.

Mr. BULWINKLE. Doctor, we have just a few more minutes, and we have another witness to be heard.

Dr. MEAD. I just want to ask that this bill be amended on page 1, line 5, that instead of two bureaus, it be made three bureaus, and I would like to add an amendment to line 7 after the word "services" and add, "and the Bureau of Dental Services." On page 2, line 3, I would like to insert the words, "three bureaus," instead of two bureaus. You have made the change in section 3 on line 17 to "commissioned officers" instead of "medical officers." On line 12, page 2, the words were "imederal officers" and I think they were changed to "commissioned officers," but I was not sure of that. I would like also to present this memorandum from the Council on Dental Health of the American Dental Association.

(The memorandum is as follows:)

A STATEMENT BY THE AMERICAN DENTAL ASSOCIATION, COUNCIL ON DENTAL HEALTH, SUPPORTING THE RECOMMENDATION OF THE AMERICAN DENTAL ASSOCIATION HOUSE OF DELEGATES TO CREATE A SEPARATE DIVISION FOR DENTISTRY IN THE UNITED STATES PUBLIC HEALTH SERVICE

It is common knowledge that dental disease is the most prevalent disease of mankind. This has been verified by surveys of large population groups, most of which have been made by the United States Public Health Service and the American Dental Association. This fact has also been verified by the physical findings of the men selected for military service. In October 1941, President Roosevelt<sup>1</sup> released statistics collected by Selective Service Headquarters showing that approximately 1,000,000, or 50 percent, of the first 2,000,000 selectees examined for World War II were disqualified for Army service because of physical, mental, or educational conditions. Of the 900,000 men disqualified because of physical conditions, the Selective Service report itemized as the first three causes for rejection:

Dental defects, 188,000 cases, 20.9 percent.

Defective eyes, 123,000 cases, 13.7 percent.

Cardio-vascular diseases, 96,000 cases, 10.6 percent.

Dental disease topped the list of disqualifying diseases.

For years the American Dental Association has studied ways and means of improving the dental health of the American people. The Council on Dental Health of the American Dental Association has, as its major responsibility, the development of plans and programs that will provide the public with more adequate dental care.

The American Dental Association feels that, considering the magnitude of the problem, the United States Public Health Service has not adequately supported programs for the provision of dental care for the public, nor has it taken the leadership in the field of dental health as it properly has in other fields of health service. It is the feeling of the American Dental Association that this condition exists not through lack of interest on the part of the United States Public Health Service but rather because of the limitations imposed upon the planning and execution of dental programs by medical officers, whose medical training and

<sup>1</sup> National Health Program Committee, Plans for Rehabilitation of Rejected Draftees. J. A. D. A., November 1941, pp. 1884-1885.



experience does not provide them with the technical and practical knowledge demanded in this special field. This is evidenced by the fact that in its reorganization plan (a bill, H. R. 7616, for the reorganization and functions of the United States Public Health Service) it has failed to make adequate provision for a suitable administrative unit in the United States Public Health Service, which is absolutely essential for the development of a national dental health program.

Paul V. McNutt, Federal Security Administrator,<sup>2</sup> in his 1941 Child Health Day address, stated: "A boy with a toothache has traditionally been merely a comic figure. But surely he has ceased to be a butt for jokes. Dental disease is no laughing matter; it is no matter for apathy or ignorance."

Prof. E. A. Hooton,<sup>3</sup> of Harvard University, has stated: "If dentistry is to survive as a health service, there must of necessity be a change of emphasis, a revision of principles and objectives all along the line \* \* \*. The dental profession has been for too long a time a neglected and orphaned child of medicine. While millions have been lavished upon medical schools and hospitals and upon medical research, almost nothing has been allotted for these purposes to dentistry."

Thomas Parran, M. D., Surgeon General of the United States Public Health Service<sup>4</sup> stated, in an address delivered before the American Dental Association in 1937, that, "in every State health department there should be a dental division and this division should be charged with the responsibility of the development of this program."

For many years the United States Public Health Service has taken the initiative in recommending the establishment of separate divisions or bureaus of dentistry directed by a dentist, in the State departments of health. To date, the majority of the States have such separate dental divisions or bureaus, each functioning under the direction of a dentist. Furthermore, for several years the United States Public Health Service has provided funds for the education of dentists who held administrative positions in these State health departments. These dentists have received their education in accredited schools of public health. Their training has been identical with that of medical health officers who assume similar administrative duties in their particular field. Also, for many years the United States Public Health Service has provided funds to the various State health departments for the development of State dental health programs.

Notwithstanding the fact that the United States Public Health Service has recommended the creation of separate bureaus or divisions of dentistry in the State health departments, it has neglected to make similar provision in its own reorganization bill (H. R. 7616) for the creation of a separate division or bureau to administer a dental health program on a national scale.

For years the American Dental Association has recognized the fact that the dental program in the United States Public Health Service has been inadequate. At the annual session of the American Dental Association in October 1941, the house of delegates of the American Dental Association adopted the following recommendation:<sup>5</sup>

"In the course of its work with Federal agencies, the national health program committee has repeatedly been confronted with the inadequacy of the dental program of the United States Public Health Service. The national health program committee believes that the creation of a separate division for dentistry in the United States Public Health Service, with a dentist of the rank of Assistant Surgeon General at its head, would provide leadership in this department of Government for the improvement of the dental health of the Nation."

Following the approval of this recommendation, the officers of the American Dental Association conferred with the Surgeon General of the United States Public Health Service, at which time the Surgeon General intimated that he would look with favor on the creation in the United States Public Health Service of a dental division or bureau headed by an Assistant Surgeon General who shall be a dentist. Furthermore, the Surgeon General stated that legislation was being prepared at that time to reorganize the United States Public Health Service

<sup>2</sup> McNutt, Paul V., Federal Security Administrator, address at Child Health Day dinner, Mayflower Hotel, Washington, D. C., May 1, 1941.

<sup>3</sup> Hooton, E. A.: Apes, Men, and Truth, *Scientific Monthly*, January 1934, XXXVIII, 24-34.

<sup>4</sup> Parran, Thomas, M. D., Surgeon General, U. S. Public Health Service. *Next Steps in Public Health*, J. A. D. A. and Dental Cosmos, vol. 24, November 1937, pp. 1778-1783.

<sup>5</sup> Report of Board of Trustees to House of Delegates, American Dental Association Transactions of the Eighty-third Annual Session, October 27-31, 1941, p. 339.



and advised the American Dental Association officials that the proposal of the American Dental Association to establish a bureau of dentistry in the United States Public Health Service could quite properly be a part of that legislation.

The Congress has seen fit to pass a bill creating the position of Chief of Dental Service in the United States Army with the title of brigadier general, who serves under the immediate supervision of the Surgeon General of the Army.

The American Dental Association is firmly of the opinion that in the interest of the public's health, a similar position is needed in the United States Public Health Service. Therefore, in the interests of the health and welfare of the American people, the American Dental Association urgently requests that the present bill providing for the reorganization of the United States Public Health Service be amended to provide for a bureau of dental services administered by a commissioned dental officer detailed by the Surgeon General from the Regular corps and while so detailed shall be an Assistant Surgeon General and shall have the same grade and shall receive the same pay and allowances as the assistant to the Surgeon General.

COUNCIL ON DENTAL HEALTH,  
EMORY W. MORRIS, *Chairman*.

Mr. BULWINKLE. All right, thank you very much, Doctor.  
Mr. Hale.

### STATEMENT OF HAL HALE, ASSISTANT TO THE SECRETARY, AMERICAN SOCIETY OF CIVIL ENGINEERS

Mr. HALE. Mr. Chairman and gentlemen of the committee, my name is Hal Hale. I am assistant to the secretary of the American Society of Civil Engineers. This is a professional engineering society now in its ninety-first year. We have 18,500 members, of whom some 3,000 are now in the armed services.

Mr. BULWINKLE. In order to expedite it, let me ask you if you have a written report?

Mr. HALE. Yes, sir.

Mr. BULWINKLE. Will you want to file that?

Mr. HALE. Yes, sir; I would be very glad to.

(The letters submitted by Mr. Hale are as follows:)

AMERICAN SOCIETY OF CIVIL ENGINEERS,  
*New York, February 4, 1943.*

HON. CLARENCE F. LEA,

*Chairman, House Interstate and Foreign Commerce Committee,  
Washington, D. C.*

DEAR CONGRESSMAN LEA: The American Society of Civil Engineers calls to the attention of the Committee of Interstate and Foreign Commerce certain phrasing in H. R. 649, a bill for the organization and functions of the Public Health Service, and respectfully request that changes, which we recommend, shall be made therein. The proposed legislation has been discussed with high officials of the Public Health Service and they have indicated concurrence in the changes which we propose.

The bill, as now worded, prohibits the appointment of qualified sanitary engineers in the Public Health Service to administrative and executive positions in that Service. Sanitary engineers have a long and outstanding record of accomplishment with the Public Health Service. Certainly the Congress would not intentionally discriminate against them in such a manner.

Our society suggests that the following changes be made to eliminate such possible discrimination:

Page 2, line 12, omit the word "medical", making the line read "of this act shall be commissioned officers detailed by".

Page 2, line 17, section 3, that the word "medical" be deleted and that the word "commissioned" be substituted, making the line read, "Sec. 3. Commissioned officers below the grade of medical".

Our society feels that such changes have the additional merit of giving to the Surgeon General discretionary authority in appointing to administrative and

executive positions those outstanding sanitary engineers in the Public Health Service whose experience and records justify their holding of such positions.

Respectfully submitted.

AMERICAN SOCIETY OF CIVIL ENGINEERS,  
HAL HALE,

*Assistant to the Secretary.*

AMERICAN SOCIETY OF CIVIL ENGINEERS.  
*New York, February 4, 1943.*

HON. CLARENCE F. LEA, MC.,

*Chairman, House Interstate and Foreign Commerce Committee,  
Washington, D. C.*

DEAR CONGRESSMAN LEA: While it may not be pertinent to the present bill, it is certainly appropriate that consideration should be given to a situation now obtaining in the United States Public Health Service.

The American Society of Civil Engineers respectfully requests that either as an amendment to H. R. 649 or by separate legislation, as may be considered judicious, that provision be made to provide for the officers of Public Health Service assigned to hazardous war duties the same or comparable protection as is now provided for the officers and men of our armed forces.

It is our understanding that a young engineer officer, assigned to hazardous duties in the prosecution of the war, was recently killed in an accident while performing those duties. It is also our understanding that legislation does not now provide any method whereby the survivors of this young engineer may receive compensation of consideration. There are other instances in the present war where officers of the Public Health Service have been lost or their present whereabouts are unknown.

It is our frank opinion that such men and their families should be given the same consideration as that accorded other members of the armed forces.

Respectfully submitted.

AMERICAN SOCIETY OF CIVIL ENGINEERS,  
HAL HALE,

*Assistant to the Secretary.*

MR. BULWINKLE. How do you want this bill amended, if you do want it amended?

MR. HALE. We have a feeling that two words should be changed. You have already covered one of those, that is, in line 17 on page 2, where you substitute the words "commissioned officers" for "medical officers." We suggest another deletion in line 12 on page 2. Where the term "commissioned medical officers" is now used, we suggest that that be changed to "commissioned officers." That is on line 12, page 2. Those are the only two changes we have to suggest.

Our society endorses the bill, and I have also submitted a letter dealing with the situation that you discussed thoroughly awhile ago about some provision for loss of life of these officers of the Public Health Service.

#### COMMUNICATIONS

MR. BULWINKLE. Now, I want to file with the clerk and give to the reporter a copy of the letter from the Administrator of the Federal Security Agency, which should go into the record at the beginning of the hearing, also Dr. Parrin's statement on appropriations, and then I wish to file a letter from Dr. Oren A. Oliver, of Nashville, Tenn., who has written about the bill, and also a letter from Dr. H. G. Baity, professor of sanitary engineering of the University of North Carolina, and also a letter from Mr. Edward Larson, executive secretary of the National Society of Professional Engineers.

(The letters from Dr. Oliver, Dr. Baity, and Mr. Larson are as follows:)

NASHVILLE, TENN., February 2, 1943.

Representative ALFRED L. BULWINKLE.

*The House of Representatives, Washington, D. C.*

DEAR REPRESENTATIVE BULWINKLE: I am writing you today in regard to hearings on bill, H. R. 649, which will begin before the Committee on Interstate and Foreign Commerce in the House of Representatives on Friday, February 5. This bill which you introduced for the organization and functions of the Public Health Service I understand has no provision for setting up a dental bureau.

Since dentistry is the second largest health organization, and as the members of the American Dental Association are very much interested in the health of the Nation, I am asking that you not only give careful consideration to this bill but also to the facts that will be presented at the hearing by Dr. Sterling Mead, chairman of legislation of the American Dental Association.

As immediate past president of the American Dental Association I have given this matter careful consideration. During my year as president, the American Dental Association recommended that we felt we should have a dentist in the Public Health Service, with the rank of assistant surgeon general, whose duties would be to supervise the dental health activities of the Public Health Service.

I trust you will see your way clear to support the above recommendation. I am sure if such an amendment can be added to this bill it will be appreciated very much by the dental profession and that they will do everything within their power to meet to the best of their ability the demands of our profession from a health standpoint.

With best wishes, I am

Yours sincerely,

OREN A. OLIVER.

THE UNIVERSITY OF NORTH CAROLINA.

*Chapel Hill, January 22, 1943.*

HON. A. L. BULWINKLE.

*U. S. House of Representatives.*

*House Office Building, Washington, D. C.*

MY DEAR MR. BULWINKLE: All of us in the field of public health have been greatly interested in bill H. R. 7616, designed to reorganize the U. S. Public Health Service, which you introduced on September 29, 1942. It is my understanding that this bill did not come to hearing in the last session of Congress, and that it may be reintroduced in the present session.

In general, I consider this bill progressive and regard it with favor. However, it is noted that in sections 2 and 3 all persons except doctors of medicine are excluded from eligibility for the headship of divisions, bureaus, and the National Institute of Health. Since modern public health organizations include many professional groups other than doctors of medicine who are equally well qualified for executive, administrative and scientific positions, I think it would be fair and in the interest of the public health cause to permit freedom of action on the part of the Surgeon General to select the men best qualified to head the bureaus and divisions regardless of the professions to which they belong.

I, therefore, wish to suggest that the word "medical" be eliminated from line 12 of section 2 and from line 17 of section 3 when the bill is reintroduced.

Cordially yours,

H. G. BAITY.

*Professor of Sanitary Engineering*

NATIONAL SOCIETY OF PROFESSIONAL ENGINEERS.

*Washington, D. C., February 5, 1943.*

COMMITTEE ON INTERSTATE AND FOREIGN

COMMERCE OF THE HOUSE OF REPRESENTATIVES,

*The United States Congress, Washington, D. C.*

GENTLEMEN: The Public Health Service performs a number of functions which for effective and proper operation must be carried out by professional engineers

specializing in the field of sanitation, water supply, sewage disposal and allied activities. H. R. 649, a bill for the organization and functions of the Public Health Service as now written, could well have the effect of precluding the carrying out of the stated purpose of the bill "for the efficiency of the Service."

We, therefore, urge the following changes in the bill be made:

Section 2, line 12: That "commissioned medical officers" be changed to read "commissioned officers".

Section 3, line 17: That "medical officers" be changed to "commissioned officers".

Section 4, line 6: That "commissioned medical officers" be changed to read "commissioned officers".

Section 7, line 3: That "to the grade of Assistant Surgeon" be deleted.

By making these changes, the Surgeon General of the Public Health Service can detail properly qualified engineers who are commissioned in the Public Health Service to head such bureaus, divisions, sections, or other units as they are best qualified to head, and will not require that the Surgeon General at any time misconstrue the proper meaning of the term "medical" or "surgeon".

Respectfully submitted.

NATIONAL SOCIETY OF PROFESSIONAL ENGINEERS,  
EDWARD LAESON, *Executive Secretary*.

Mr. BULWINKLE. I want to state to you gentlemen that we will have to leave these hearings open because on this other matter the committee will have to have some hearings, on the retirement pay and disability compensation. The hearings are not closed. The committee stands adjourned, subject to the call of the Chair.

(Thereupon, at 12 noon, the subcommittee adjourned, subject to the call of the Chair.)

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REORGANIZATION AND FUNCTIONS OF THE PUBLIC  
HEALTH SERVICE

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MARCH 25 (legislative day, MARCH 23), 1943.—Ordered to be printed

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Mr. THOMAS of Utah, from the Committee on Education and Labor,  
submitted the following

## REPORT

[To accompany S. 400]

The Committee on Education and Labor, to whom was referred the bill (S. 400) to provide for the reorganization of the administrative and functional activities of the Public Health Service, having considered the same, report favorably thereon with amendments and recommend that the bill, as amended, do pass.

## GENERAL STATEMENT

The Public Health Service has evolved by succession of laws since its predecessor agency, the Marine Hospital Service, was established in 1798. It is thus one of the oldest agencies of the Government. Its evolution has reflected the growth of medical science and the gradually enlarged concept of governmental responsibility for public health.

The more important acts imposing additional duties upon the Public Health Service are as follows:

The acts of April 29, 1878, March 27, 1890, February 15, 1893, and June 19, 1906, established the principle of Federal responsibility for preventing the introduction of contagious and infectious diseases into the United States through the creation of a National Quarantine Service, the prevention of the spread of such diseases from one State to another, and laid bases for active cooperation with State and local public health authorities in the furtherance of these purposes.

The act of July 1, 1902, imposed the duty of regulating the sale of viruses, serums, toxins, and analogous products, in order to insure quality and safety of these products for human use.

The act of July 1, 1902, expanded the duties of the Hygienic Laboratory, changed the name of the Marine Hospital Service to the Public Health and Marine Hospital Service, and authorized the



President in time of national emergency to utilize the Service "in such manner as shall in his judgment promote the public interests.  
\* \* \*"

The act of February 3, 1917, established the National Leprosarium for the treatment of persons suffering from this disease.

The act of July 3, 1918, established a Division of Venereal Diseases and authorized cooperation with the States in the control of these diseases.

The act of January 19, 1929, established two United States narcotic farms for the treatment of persons addicted to the use of narcotic drugs who had been convicted for offenses against the United States. These farms later were made a part of a newly established Division of Mental Hygiene.

The act of May 26, 1930, created the National Institute of Health, greatly expanding the functions of the Hygienic Laboratory and the authority for field investigations of public health authorized in 1912. Research work of the Public Health Service was further expanded in the National Cancer Institute Act of August 5, 1937.

Title VI of the Social Security Act of 1935 established the principle of continuing grants-in-aid to the States in the development and maintenance of public health services, the training of personnel, and the provision of Federal aid.

The National Venereal Disease Control Act of May 24, 1938, established a continuing policy of Federal-State cooperation, grants-in-aid and research for the prevention and control of the venereal diseases.

In some of the acts referred to above and in others referred to hereafter, the principle has been established for many years of providing for the appointment of officers of the Public Health Service and their pay, allowances, and promotion on a basis comparable with that of officers of the Medical Corps of the Army.

The act of January 4, 1889, provided that appointments should be made by the President by and with the advice and consent of the Senate. The grades of these officers were further elaborated in the act of July 1, 1902, and in the act of August 24, 1912, and the designation "Public Health Service" was given to the organization and rates of pay based upon the Army rates were established.

In the act of July 9, 1917, the status and rights of officers of the Public Health Service when serving with the Coast Guard, the Army, and the Navy were fixed, and a reserve corps of the Public Health Service was established by joint resolution of October 27, 1918.

In the Joint Service Pay Act of May 8, 1920, the Public Health Service was included as one of the five services, and the pay of its officers was placed on a parity with commissioned officers of the Army and Navy. This principle was continued in the readjustment of pay and allowances of officers of these services by the act of June 10, 1922, and the act of June 16, 1942.

Under an Executive order of April 3, 1917, and under the authority of the act of July 1, 1902, it was "ordered that hereafter in times of threatened or actual war, the Public Health Service shall constitute a part of the military forces of the United States \* \* \*"; that upon request, officers and employees of the Service may be detailed for duty either with the Army or Navy; and stations of the Public Health Service were made available for the reception of sick and wounded

officers and men. Parts of this Executive order later were invalidated by an opinion of the Attorney General.

The Public Health Service has a status somewhat unique among the agencies of the Government. Its officers are appointed by the President by and with the advice and consent of the Senate. They may be detailed for duty with the Army and Navy serving in that case under military direction. Rates of promotion in general have been based upon the rates of promotion of officers of the Medical Corps of the Army. However, the personnel provisions governing the Public Health Service and its administrative structure have not kept pace with the added duties imposed upon it. These duties may be listed as follows:

To give medical and dental care to the Coast Guard and merchant marine; to protect the health of war-industry workers; to prevent the introduction of epidemic diseases from abroad; to control the quality of all vaccines and serums for military and civil use and to produce certain such vaccines; to secure a sanitary environment around military concentrations; to conduct research in solving war health problems; to combat venereal disease in the civil populations from which the military forces acquire infection; to carry out public health missions in foreign lands; to staff emergency medical service for the care of civilian casualties; to provide reserves of blood plasma for civilian casualty use; to train more student nurses to meet military and civilian needs; to aid States in public health work under title VI of the Social Security Act; to investigate the diseases of man and conditions relating to the prevention and spread thereof through the work of the National Institute of Health and otherwise; and to advise concerning the needs for community hospitals, water supplies, and other community health facilities. In short, the major activities of the Public Health Service are either direct service to the military forces or otherwise are an essential part of the total war effort.

The committee has considered the bill, S. 400, submitted by the Administrator, Federal Security Agency, asking favorable consideration and stating that there is no objection on the part of the Bureau of the Budget to the submission of the recommendation to the committee.

Hearings have been held on the bill and the committee has reviewed also the hearings on a companion measure, H. R. 649, by a subcommittee of the Committee on Interstate and Foreign Commerce of the House of Representatives.

During these hearings, testimony has been adduced which convinces the committee that while the provisions of the bill are sound, they do not go far enough in enabling the Public Health Service most efficiently to perform its legal function as the central public health agency of the Government, nor in providing benefits especially in wartime to its commissioned officers who serve not only in the United States but in various parts of the world.

Through a succession of laws, Congress apparently has indicated its intent to create and maintain as the central core of the Public Health Service a commissioned mobile disciplined corps of doctors, dentists, engineers, and other scientists appointed by the President, by and with the advice and consent of the Senate, with grades, pay, allowances, and rates of promotion on a parity with the Medical Corps of the Army. Hearings before the committee, however, make

it clear that in several essential respects this presumed parity of promotion, opportunity, and benefits has not been maintained.

In 1918, a reserve of the Public Health Service was established. It has proven itself to be an effective part of the total structure of the Service. The reserve now outnumbers by several times the regular corps. Its members, like those of the regular corps, are recruited by standards comparable with those of the Medical Corps of the Army. They are recruited from among the same civilian doctors, dentists, engineers, and other public health scientists, yet the Reserve Corps particularly has an unsatisfactory status as compared to the Medical Reserve Corps of the Army. These conditions must inevitably reflect themselves in the morale and spirit of the professional men and women who are serving their country in this essential organization. It should be stated, however, that the committee has not been importuned except in behalf of those who already have lost their lives or who are missing during the present war.

The tasks of the Public Health Service have grown consistently during peacetime; they have been vastly expanded during the present war and they may be expected to increase in connection with post-war epidemic control and future national health advancement.

The medical departments of the Army, Navy, and Public Health Service compete for professional personnel of equal qualification. In peacetime, the range of professional opportunity, the diversity of tasks, the expanding research and administrative concepts of a Federal health service may make a career in the Public Health Service more attractive than one in the Army or Navy. In time of war, the fighting forces need a great increase in their medical components and many thousands of the best qualified doctors of the country have volunteered for service, even though medical care of the civilian population is thereby greatly curtailed.

In no one of the military services is the Medical Corps concerned with killing the enemy. In this sense, they are not a fighting force. However, their life-saving duties may be equally hazardous. They perform essential duties in the care of the wounded, the prevention and treatment of disease and maintenance of sanitation for the troops at home and abroad. In this war, they have a larger responsibility than ever before in our country's history.

Similarly, officers of the Public Health Service have a greater responsibility than ever before.

#### SUMMARY OF PRINCIPAL CONTENTS OF BILL

Important war responsibilities have been given the Public Health Service which multiply the need for internal reorganization, and also create an urgent need for the personnel legislation referred to later on in this letter. The enactment of this law will do much toward relieving existing difficulties and will permit the Public Health Service to carry on its important wartime activities with far greater ease and dispatch. At the present time the Surgeon General of the Public Health Service is charged with the responsibility of overseeing personally eight administrative divisions including the National Institute of Health. Also, he has responsibility for overseeing the work of the National Cancer Institute, St. Elizabeths Hospital, and Freedmen's Hospital. The administrative structure available to the



Surgeon General in performing his tasks is very unwieldy. This legislation will permit a rearrangement which will result in a greatly simplified organizational pattern.

In connection with the need for reorganization, it is interesting to know that the labyrinth of Federal public health legislation extending over a period of 143 years has not produced a uniform pattern of requirements with respect to the administrative operations of the Public Health Service. For example, the Division of Venereal Diseases and the Division of Mental Hygiene are specifically created by acts of Congress as divisions in the Public Health Service. These acts define the duties of the divisions, denote the names by which they are known, and designate the grade of the medical officer by whom they are administered. The acts of Congress relating to the National Institute of Health do not set forth the relative position of the Institute in the administrative structure of the Public Health Service, but do define its duties, denote its name, and designate the rank of its director. On the other hand, the act establishing the National Cancer Institute does set forth the relative position of the Institute in the administrative structure by creating it as a division in the Public Health Service, and also defines its duties and denotes its name, but it does not designate the rank of its director. Still other divisions of the Public Health Service were not established specifically by acts of Congress but were created administratively and subsequently recognized in legislation.

St. Elizabeths and Freedmen's Hospitals were transferred to the Federal Security Agency by Reorganization Plan No. IV, effective June 30, 1940, to be administered under the direction and supervision of the Federal Security Administrator through such officers or subdivisions of the agency as the Administrator should designate. Agency orders require Freedmen's Hospital and St. Elizabeths Hospital to be administered under the direction and supervision of the Administrator through the office of the Surgeon General, with provisos that St. Elizabeths shall be maintained as a separate unit under the immediate supervision of the Surgeon General, and that its Superintendent shall have a rank and relationship to the Surgeon General and the administrative divisions of the Public Health Service like that of the Director of the National Institute of Health, except with respect to personnel and fiscal matters.

It must be apparent that under the present arrangement where, for example, four different units, namely, the Division of Mental Hygiene, the Division of Marine Hospitals and Relief, Freedmen's Hospital, and St. Elizabeths Hospital, all are engaged in the operation of hospitals, as separate entities, an overlapping of function and a duplication of effort is inevitable. Another example is the Division of Venereal Diseases which administers grants to the States for venereal disease purposes, and thus parallels an administrative function of the Division of States Relations which administers the grant-in-aid program under title VI of the Social Security Act. The Division of Venereal Diseases also operates a clinic at Hot Springs, Ark., which is a hospital activity, and thus parallels an operating function of the Division of Marine Hospitals and Relief. Finally, it operates a research project at Stapleton, N. Y., and thus parallels a research function of the National Institute of Health. Yet, since this Division is

established by acts of Congress which set forth its functions in detail, all of its activities have been carried on as a separate division.

In connection with the need for personnel legislation as a result of the war, the Public Health Service has called to active duty approximately 1,000 Reserve officers. Adequate supervision of these Reserves by experienced officers of the regular corps is essential and it is obviously necessary that they should be in grades higher than those whom they are to supervise. The temporary promotion of officers of the regular corps will be necessary in some instances, but the Comptroller General has held that there is no present legislative authority for such promotions. The committee is informed that the Army, Navy, Coast Guard, and Coast and Geodetic Survey have such legislative authority.

Many of the commissioned officers of the Public Health Service are at present officially detailed under authority of law to other Government offices such as the Army, Navy, and Coast Guard, as well as to the War Shipping Administration. Many urgent recommendations have been received from all of the services just named, strongly recommending the temporary promotion of officers in the regular corps to higher grades commensurate with the duties which they are actually performing. Only recently a communication from Army authorities in India recommended the promotion of certain officers, stating that they were unable to make most effective use of the officers' services because of their present grade.

Officers of the Public Health Service were assigned as of December 7, 1941, to posts of duty in European countries, pestilential areas of Africa and South America, Hong Kong, the Burma Road, Bataan Peninsula in the Philippine Islands, the Hawaiian Islands, on board Coast Guard vessels, and at other points in war areas. Some of them are unreported and are presumed to be lost, or to be prisoners of war. All officers of the Public Health Service are subject to assignments of this nature.

The following comment is made on the provisions of the various sections of the bill, including the amendments proposed by the committee and specified later in this report:

Section 1 provides for a reorganization of the widespread activities of the office of the Surgeon General upon a more efficient and functional basis. This section establishes in the Public Health Service three major divisions or bureaus in addition to the office of the Surgeon General. The office of the Surgeon General under the immediate direction of the Surgeon General and the Assistant to the Surgeon General would, of course, be the central supervisory and coordination office, and would handle general administrative matters such as are now handled by the Division of Personnel and Accounts and the Chief Clerk's office.

The three subdivisions would be the National Institute of Health, responsible for research activities; the Bureau of Medical Services, to operate all hospitals and clinics; and the Bureau of State Services, to administer grants-in-aid and supervise services to the several States. The Surgeon General would have authority to assign functions and to establish within the National Institute of Health, the two bureaus, and the office of the Surgeon General such divisions, sections, and other units as may be required. In this way, it would be possible to



place like functions within controlling units, eliminating greatly the need for coordination and leaving to subordinate officers many details which now, inevitably find their way to the Surgeon General.

Present laws under which the Public Health Service operates, rigidly fix the number of divisions and the duties and responsibilities of the divisions. The provisions of section 1 of this bill would permit reasonable and proper elasticity in the administrative organization within the three bureaus to be created.

Section 2 provides for an officer in the grade of Assistant to the Surgeon General to be in charge of each of the three divisions or bureaus. The detail of officers in charge of these three bureaus in the grade of Assistant to the Surgeon General, while it carries increased rank commensurate with increased responsibilities, which is desirable, would carry an increase of pay only for those officers in the grade below that of medical director of over 30 years' service. Similarly a temporary advanced grade, corresponding to that of brigadier general is provided for the officer assigned as chief medical officer of the Coast Guard. This amendment has been specifically requested by the Commandant with the approval of the Navy Department. As a rule officers occupying these higher appointive positions are chosen from senior officers.

Section 3. At the present time there are eight divisions in the Public Health Service, including the National Institute of Health. The chief of each of these divisions has the rank and pay of a medical director. In the future it may be desirable to increase or decrease the number of these divisions for better administrative purposes. Officers in the grade of medical director, if appointed as chief of a division, would not receive any increase of pay. This section would limit the number of officers below the grade of medical director to six who could receive an increase of pay by reason of appointment as chief of a division. This section also provides for a Dental Division and a Sanitary Engineering Division in the office of the Surgeon General. The officers while detailed in charge of such divisions would have the temporary grade of Assistant Surgeon General. Because of the importance of dentistry and sanitary engineering in the work of the Public Health Service, the committee feels that this recognition is warranted.

Section 4 provides for temporary promotions of commissioned officers of the regular corps of the Public Health Service during time of war or national emergency and is identical to legislation already enacted for the Army, Navy, Coast Guard, and Coast and Geodetic Survey. The urgent need for such legislation by the Public Health Service at this time has already been mentioned earlier in this report. The needs rest on a basis quite similar to that for which similar authority was granted to the other commissioned services. The Public Health Service is the only one of the five commissioned corps which does not have this authority. Provision is made herein to safeguard the rights of officers in war areas who may, because of war conditions, be unable to execute an oath of office as generally required by statute. This amendment follows precisely existing legislation (Public Law No. 746, 77th Cong.) enacted for the protection of officers in the Army. This section also permits the distribution of Reserve officers in the various grades without regard to the limitation on such distribution now imposed by joint resolution of October 27, 1918 (ch. 196, 40 Stat. L. 1097), establishing a Reserve in the Public Health Service. The present requirements are that officers in the Reserve

shall be distributed in the several grades in the same proportion that now obtains among the commissioned medical officers of the regular corps. In addition this section permits graduates of reputable osteopathic colleges to be appointed in the Reserve Corps of the Public Health Service for the duration of the present war and for 6 months thereafter.

Section 5: Assistant surgeons are promoted to the grade of passed assistant surgeon after 3 years' service and after a review of their record and having passed a satisfactory written examination. An officer appointed in a grade above that of assistant surgeon would have to serve a much longer term of years before he would normally have a review of his record for promotion. In the case of an officer in the grade of passed assistant surgeon, 9 years would elapse before he could be considered for promotion to the grade of surgeon. By requiring a review of qualifications after 3 years, any officer who has not demonstrated his ability to perform his duties in a satisfactory manner could be separated from the Service immediately, rather than to wait the longer period of years required for normal promotion. This procedure would be equally fair to the Government as well as to the officer involved, since it would be a saving in salary to the Government and would allow the officer to make a readjustment in his future career at an early date. Section 5 will establish an orderly procedure for the elimination of certain officers found unqualified for further service.

Section 6 is quite clear, and no further comment here appears necessary.

Section 7: At the present time the lowest commissioned grade in the Public Health Service is that of assistant surgeon, which corresponds to the grade and pay of a first lieutenant in the Army. Before a physician is eligible for the commissioned corps of the Public Health Service he must have had from 2 to 4 years premedical college work, 4 years in medical school, and an internship of not less than 1 year. He then is eligible for examination for a commission in the grade of assistant surgeon. The same requirements apply to engineer and dental officers. Many capable persons do not have the same amount of years of college training and experience at the time their services are needed in the Public Health Service. This proposed junior grade, corresponding to that of second lieutenant, could be used particularly in the case of young engineer officers and for interns before they are eligible for examination for commissioning in the higher grade of assistant surgeon. The enactment of this section will be most helpful to the personnel office of the Public Health Service and at the same time will permit commissioning of men at a lower grade with a saving in cost to the Government. The last sentence of section 7 requires that each appointee in this grade shall be examined after 1 and not more than 2 years and either promoted to the grade of assistant surgeon, if found qualified, or separated from the Service.

Section 8: This new section has been added to the bill by your committee for the following reasons:

Following or during each emergency created by a state of war since the beginning of this century, the Public Health Service has been forced to attempt to obtain legislation which will permit the full use of the Service in carrying out certain military responsibilities in connection with the armed forces and at the same time to efficiently carry on the civilian duties for which it was created and is maintained.

The original intent of Congress was contained in the act of July 1, 1902, following the Spanish-American War:

That the President is authorized, in his discretion, to utilize the Public Health and Marine Hospital Service in times of threatened or actual war to such extent and in such manner as shall in his judgment promote the public interest without, however, in anywise impairing the efficiency of the Service for the purposes for which the same was created and is maintained.

During World War I, under this authority, officers of the Public Health Service were extensively used in performing duties directly related to the mobilization and training of the armed forces and in performing military duties by detail to the Coast Guard or the Army and Navy. From the beginning it was apparent that officers of the Public Health Service detailed to the military forces did not have the rights and protection afforded the officers of the military forces, and by the Executive order of April 3, 1917, the President declared that in times of threatened war the Public Health Service shall constitute a part of the military forces of the United States. The obvious intent of this order was to make all laws relating to the military forces applicable to the Public Health Service. This order was followed by the passage of the joint resolution of July 9, 1917, which provided pensions for themselves and widows and children, if any, as are now provided for officers of corresponding grade and length of service of the Coast Guard, Army, or Navy. It is the intent of the committee to place the commissioned corps of the Public Health Service at all times on a parity with the Medical Corps of the Army, in regard to allowances, benefits, and emoluments.

There immediately occurred then the realization of a condition which is greatly amplified at the present time—that the relationship of the Public Health Service to the military forces is one of relationship of the Service as a whole rather than solely the relationship of individual officers to the military forces by reason of their detail to such forces.

The Public Health Service operates the medical service of the Coast Guard in times of peace. In times of war it continues to operate this same service and the relationship of this service to the personnel of the Coast Guard is identical to the medical service supplied by the Bureau of Medicine and Surgery of the Navy to Navy personnel.

The Navy makes no distinction as to the pensions or benefits any of its medical officers may receive by reason of the type of detail they may perform. The officer at a naval base hospital one day may be the medical officer aboard a ship of the Navy the next. It is logical, therefore, that the benefits provided for the officers of the Medical Corps of the Navy are provided for the corps as a whole and not to individual officers in that corps.

It is equally difficult to make a distinction between the officer who is treating Army, Navy, and Coast Guard patients in service hospitals and the officer treating patients at a Coast Guard station or on a Coast Guard ship. To differentiate between these officers would set up an entirely fallacious understanding of their duties, in that there exists a continuous interchange between officers ashore and on ship-board. This interchange is necessary to provide continuous medical service to Coast Guard ships and at the same time to supply relief to medical officers on such arduous duties. It would be no more logical to require that the officer detailed to a Coast Guard ship



should surrender his rights and benefits if detailed to a brief tour of duty ashore.

It should be pointed out that officers in the Public Health Service, as in the Medical Corps of the Army and Navy, do not select their assignments. Under the regulations of the Service, officers are not appointed to any particular station but to the general service, and they are subject to assignment to any duty that the exigencies of the Service require.

The assignment of an officer of the Service to a particular duty is based largely upon his qualifications to perform such duty, and is in no way dependent upon the desires of the officer or the consideration of the character of such duty from a dangerous or hazardous standpoint. At the present time over 50 percent of Regular and Reserve commissioned officers are performing duties in connection with the medical care of the military services.

There is, however, another type of service being performed by the Public Health Service which in contradistinction to being a medical service may be classified as a public health service, but which is equally hazardous or essential to the requirements of the military services. Government-owned, Government-operated arsenals are inspected by officers of the Medical Corps of the Army. Government-owned, privately operated arsenals are inspected by officers of the Public Health Service at the request of the Secretary of War.

These are identical duties, yet on the one hand the officer of the Army is protected by the rights and benefits which accrue to the military forces, and on the other hand the Public Health Service officer has none of these rights. That the duty is a hazardous one is evidenced by the fact that one Public Health Service officer has already lost his life on this duty.

Officers of the Service have been detailed to the Alaska Highway project, to supervise malaria control work on the Burma Road prior to Pearl Harbor, and since then to supervise the great malaria-control problem which confronts our Army in India.

Officers of the Service are being detailed to north Africa as public-health advisors to our Minister in that war area. It can be expected that this is only the beginning of the widespread use of the officers and facilities of the Public Health Service in the control of epidemics in foreign countries, and the prevention of the spread of these diseases to our own country.

There remains a third type of service to the military forces which may be considered in the light of a demand service placed upon the Public Health Service by the War and Navy Departments. This includes the testing of rebreather oxygen supply apparatus, the toxicity of certain chemical substances generated during the charging of batteries of submarines, the efficiency of protective clothing against poison gas, and the toxicity of new explosives.

The Public Health Service is also solely responsible for the production of all typhus fever vaccine used by the armed forces, the yellow fever vaccine used by the Army, and the supervision of all biological products used by these forces.

Including the 50 percent of the officers engaged in medical care for the military forces, more than 80 percent of the entire commissioned corps of the Public Health Service is engaged in activities which have directly arisen out of the war effort.

To attempt to define by legislation which individual officers of the Public Health Service are entitled to certain benefits or when such benefits should be given or be terminated cannot be accomplished without undesirable and unfortunate discrimination entering into the enforcement of such legislation.

The actions and duties of the individual officers of the Service are predicated upon the demands and requirements of the Service as a whole. There cannot be successful accomplishment of the duties of an individual officer unless these duties are an integral part of the coordinated effort of the whole of the commissioned corps.

#### CONCLUSION

The committee recommends that the bill be passed as soon as possible. Since the declaration of war, the Army, Navy, Coast Guard, and the War Shipping Administration have placed many demands upon the Public Health Service for services which these branches of the Government cannot meet within their own organizations. That the Public Health Service has already and is now meeting these demands satisfactorily is witnessed by letters from ranking officers of the Army and Navy and the testimony of the Commandant of the Coast Guard before the Interstate and Foreign Commerce Committee of the House at hearings held February 5, 1943, on a similar bill. The one complaint voiced by the armed forces regarding these services is that lack of temporary promotion authority by the Public Health Service, which is necessary to place officers in a grade commensurate with their responsibilities, seriously interferes with complete and satisfactory performance of their present duties, and these officers cannot be assigned new duties of greater responsibility because of lack of sufficient rank.

With the amendment to the bill which provides certain benefits to officers of the Public Health Service the committee feels that the major requirements of the Public Health Service have been adequately met. It has provided for an orderly realignment of the many activities of the Service from an administrative standpoint, provides for the much-needed temporary promotion for certain officers in the Service, and provides reasonable benefits for the officers of the Service in connection with their duties to the armed forces.

The committee considers the immediate passage of this bill as urgently needed in direct connection with the war effort.







Calendar No. 132

78TH CONGRESS  
1ST SESSION

**S. 400**

[Report No. 133]

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IN THE SENATE OF THE UNITED STATES

JANUARY 14, 1943

Mr. THOMAS of Utah introduced the following bill; which was read twice and referred to the Committee on Education and Labor

MARCH 25 (legislative day, MARCH 23), 1943

Reported by Mr. THOMAS of Utah, with amendments

[Omit the part struck through and insert the part printed in italic]

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**A BILL**

For the organization and functions of the Public Health Service.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*  
3       That hereafter the Public Health Service in the Federal  
4       Security Agency shall consist of the Office of the Surgeon  
5       General, the National Institute of Health, and two bureaus,  
6       to be known as the Bureau of Medical Services and the Bureau  
7       of State Services. The Surgeon General of the Public Health  
8       Service, under the supervision and direction of the Federal  
9       Security Administrator, is hereby authorized and directed  
10      to assign to the Office of the Surgeon General, to the National  
11      Institute of Health, and to the two bureaus, respectively, the

1 several functions of the Public Health Service, and to estab-  
 2 lish within the Office of the Surgeon General, the National  
 3 Institute of Health, and the two bureaus, respectively, such  
 4 divisions, sections, and other units as may be required to  
 5 perform their functions; and, under such supervision and  
 6 direction, he may abolish existing divisions, sections, and  
 7 other units, and, hereafter, may establish, transfer, and con-  
 8 solidate divisions, sections, and other units and reassign their  
 9 functions for the efficiency of the Service.

10       SEC. 2. The Director of the National Institute of Health  
 11 and the chiefs of each of the bureaus, established by section  
 12 1 of this Act, *and the officer assigned as Chief Medical Officer*  
 13 *of the United States Coast Guard*, shall be commissioned  
 14 medical officers detailed by the Surgeon General from the  
 15 regular corps, and while so detailed shall be Assistant Sur-  
 16 geons General and shall have the same grade and shall re-  
 17 ceive the same pay and allowances as the Assistant to the  
 18 Surgeon General.

19       SEC. 3. ~~Medical~~ *When commissioned* officers below the  
 20 grade of medical director ~~may be~~ *are* detailed by the Surgeon  
 21 General from the regular corps to serve as chiefs of divisions,  
 22 ~~and~~ not more than six of such officers at one time while so  
 23 detailed shall have the temporary grade and receive tem-  
 24 porarily the pay and allowances of a medical director; *and*  
 25 *there is authorized to be established in the Office of the Sur-*

1 *geon General a Dental Division and a Sanitary Engineer-*  
 2 *ing Division; the chief of each such Dental and Sanitary*  
 3 *Engineering Division shall be a commissioned dental officer*  
 4 *and a commissioned sanitary engineer officer, respectively, of*  
 5 *the regular corps detailed by the Surgeon General, and while*  
 6 *each such dental and sanitary engineer officer is so detailed,*  
 7 *he shall have the grade, pay, and allowances of an Assistant*  
 8 *Surgeon General as provided by section 2 of this Act.*

9       SEC. 4. In time of war or national emergency deter-  
 10 mined by the President, any commissioned officer of the  
 11 regular corps of the Public Health Service may be appointed  
 12 to higher temporary grade with the pay and allow-  
 13 ances thereof without vacating his permanent appoint-  
 14 ment, *and any officer so promoted to a higher grade at*  
 15 *any time after December 7, 1941, shall be deemed for all*  
 16 *purposes to have accepted his promotion to higher grade upon*  
 17 *the date of approval, unless he shall expressly decline such*  
 18 *promotion, and shall receive the pay and allowances of the*  
 19 *higher grade from such date unless he is entitled under some*  
 20 *other provision of law to receive the pay and allowances of*  
 21 *the higher grade from an earlier date. No such officer who*  
 22 *shall have subscribed to the oath of office required by section*  
 23 *1757, Revised Statutes, shall be required to renew such oath*  
 24 *or to take a new oath upon his promotion to a higher grade,*  
 25 *if his service after the taking of such an oath shall have been*

1 *continuous. and hereafter Hereafter* reserve officers of the  
 2 Public Health Service may be distributed in the several  
 3 grades without regard to the proportion which at any time  
 4 obtains or has obtained among the commissioned medical  
 5 officers of such Service. *For the duration of the present*  
 6 *war and for six months thereafter graduates of reputable*  
 7 *osteopathic colleges shall be eligible for appointment as reserve*  
 8 *officers in the Public Health Service.*

9 SEC. 5. The record of each commissioned officer of the  
 10 regular corps initially appointed above the grade of Assist-  
 11 ant Surgeon, after the first three years of service in such  
 12 grade, shall be reviewed under regulations approved by the  
 13 President, and any such officer who is found to be unquali-  
 14 fied for further service shall be separated from the Service  
 15 and paid six months' pay and allowances.

16 SEC. 6. In case of the absence or disability of the Sur-  
 17 geon General and the Assistant to the Surgeon General, or  
 18 in the event of a vacancy in the office of both, the Assistant  
 19 Surgeons General shall act as Surgeon General in the order  
 20 of their designation for such purpose by the Surgeon General.

21 SEC. 7. *Section 9 of the Act of April 9, 1930 (U. S. C.*  
 22 *42, sec. 37; 46 Stat. 151), is hereby amended by the addi-*  
 23 *tion of the following language at the end of said section:*

24 “(d) Original appointments in the commissioned corps  
 25 of the Public Health Service, *regular and reserve*, may be



1 made to a junior grade which shall correspond to that held  
2 by a second lieutenant in the Medical Department of the  
3 Army and persons so appointed shall be entitled to the same  
4 pay and allowances as a second lieutenant in the Medical  
5 Department of the Army. After not less than *one nor more*  
6 *than* two years of service each such appointee *in the regular*  
7 *corps* may be examined under regulations prescribed by the  
8 President and upon such examination shall either be pro-  
9 moted to the grade of Assistant Surgeon or be separated  
10 from the Service."

11 *SEC. 8. Commissioned officers of the Public Health Serv-*  
12 *ice, regular and reserve, shall be entitled to the same pay,*  
13 *allowances, and all other rights, benefits, and privileges, now*  
14 *or hereafter authorized or provided for officers of correspond-*  
15 *ing grade (and their surviving dependents) of the Medical*  
16 *Corps of the Army, regular and reserve, respectively, includ-*  
17 *ing but not limited to burial payments, death benefits, pensions,*  
18 *retirement, insurance, disability and survivors' benefits, civil*  
19 *reemployment rights, civil liability, travel and other allow-*  
20 *ances, including allowances of military attachés of corre-*  
21 *sponding grades while serving as public health attachés with*  
22 *the State Department at foreign posts; and all commissioned*  
23 *officers of the Public Health Service detailed for duty with the*  
24 *Army or Navy under provisions of law shall be held and*  
25 *considered to be in the active military service of the United*

1 *States, and such officers while so detailed shall be subject to*  
2 *all of the laws and regulations now or hereafter operative*  
3 *for the government of the respective services to which they are*  
4 *detailed: Provided, That this section shall apply in like manner*  
5 *to commissioned officers of the Public Health Service, regular*  
6 *and reserve, and to their surviving dependents, if any, who*  
7 *were serving outside of the continental limits of the United*  
8 *States on December 7, 1941, or who since December 7, 1941,*  
9 *have been made prisoners of war or who have been disabled*  
10 *or who have lost their lives while on active duty, and: Provided*  
11 *further, That all commissioned officers of the Public Health*  
12 *Service not detailed for duty with the Army or Navy as above*  
13 *provided shall continue to serve under the direction and control*  
14 *of the Surgeon General of the Public Health Service unless*  
15 *specifically detailed for duty with another executive depart-*  
16 *ment or independent establishment in accordance with pro-*  
17 *visions of law.*

18       SEC. 8 9. This Act may be cited as the "Public Health  
19 Service Act of 1943". For the purpose of any reorganiza-  
20 tion under section 1 of this Act the Federal Security Admin-  
21 istrator, with the approval of the Director of the Bureau of  
22 the Budget, is hereby authorized to make such transfer of  
23 funds between appropriations as may be necessary for the  
24 continuance of transferred functions.



[Report No. 133]

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## A BILL

For the organization and functions of the  
Public Health Service.

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By Mr. THOMAS of Utah

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JANUARY 14, 1943

Read twice and referred to the Committee on  
Education and Labor

MARCH 25 (legislative day, MARCH 23), 1943

Reported with amendments



"Whereas by virtue thereof substandard rentals cannot be brought to a fair parity with other rentals and undesirable tenants may not be ejected from property; and

"Whereas as a result property owners in many instances are compelled to accept rentals insufficient to maintain their properties and make a fair return on their investment; and

"Whereas landlords are compelled to retain renters who are destructive to property and in some instances the health and welfare of other occupants of the premises; and

"Whereas the rent ceilings in Iowa are far below the parity of labor and commodities, as a consequence of which an unjust burden is imposed against a landlord; and

"Whereas this situation is the result of national policy and not local administration: Now, therefore, be it

*"Resolved by the House of Representatives of the Fiftieth General Assembly of the State of Iowa (the Senate concurring), That the Congress of the United States be memorialized to forthwith take such action as may be necessary and appropriate to make more flexible the arbitrary rules of the Rent Control Division of the Office of Price Administration and provide the means through which unfair and inequitable impositions against landlords may be heard by an impartial tribunal on the merits of the case."*

#### RESOLUTIONS OF NORTH DAKOTA LEGISLATIVE ASSEMBLY

Mr. LANGER. I ask consent to present for appropriate reference and printing in the RECORD a resolution passed by the Twenty-eighth Legislative Assembly of the State of North Dakota, being Senate Concurrent Resolution N.

And, also, another resolution, being House Concurrent Resolution V, which I present on behalf of my colleague [Mr. Nye] and myself and ask to have printed in the RECORD and appropriately referred.

There being no objection, the resolutions were received, referred to committees, and, under the rule, ordered to be printed in the RECORD, as follows:

To the Committee on Post Offices and Post Roads:

#### Senate Concurrent Resolution N

Concurrent resolution memorializing Congress to enact into law S. 207, known as the Nye bill, providing for waiver of second-class postal fees upon resumption of publication by newspapers that were compelled to suspend publication because of war conditions

Whereas numerous newspapers throughout the Nation, and particularly those in towns in smaller communities, were compelled to suspend publication because of the economic conditions brought about by the war emergency; and

Whereas the country newspaper is a valuable economic and social asset in the community life of the Nation and should, therefore, be encouraged: Therefore be it

*Resolved by the Senate of the State of North Dakota (the House of Representatives concurring), That we memorialize, petition, and urge Congress to take such steps as are necessary to enact into law S. 207, known as the Nye bill, which provides for the waiver of second-class postal fees upon resumption of publication by newspapers which were compelled to suspend publication during the war and because of war conditions; and be it further*

*Resolved, That copies of this resolution be mailed to the President of the United States, to the President of the Senate, to the Speaker of the House of Representatives, and to each Member of Congress from the State of North Dakota, and to each of the secretaries of state*

and to the Members of Congress in the States of Montana, South Dakota, and Minnesota.

#### To the Committee on Indian Affairs:

##### House Concurrent Resolution V

Concurrent resolution memorializing Congress and the President to authorize the Indians to elect their Commissioner of Indian Affairs and other administrative officials and that treaty rights and claims be promptly adjudicated and paid

*Be it resolved by the House of Representatives of the State of North Dakota (the Senate concurring therein)—*

Whereas the Indian Americans who have loyally been serving their country and ours, both in the armed forces and elsewhere, have long been under practically complete domination of the Indian Bureau, with no voice in the administration of tribal property and affairs, and have witnessed, without power to effectively protest, the building up of a vast array of life-term employees, very few of whom are Indians, paid from tribal funds or a charge against tribal property and other resources; and

Whereas rights, as assured by treaties and legislation, have in too many instances not been adjudicated and the Indians reimbursed for their property, neither financially nor by larger, more profitable allotments of lands and equipment; and

Whereas on the Standing Rock Sioux Indian Reservation, near our capital city, magnificent new brick buildings have been erected at Fort Yates for administrative offices and housing employees, with many Indians living the year around in poor tents, without coal, sufficient clothing, or food, and sickness so prevalent that the agency hospital facilities are wholly inadequate: Now, therefore, be it

*Resolved, That we believe in preserving the personal and property rights of the Indians, of whom there are nearly 10,000 in our State, and commend their loyalty, and that we recommend to Congress and the President that the Indians, as citizens and voters under the act of June 2, 1924, be authorized to vote for and elect their own Commissioner of Indian Affairs and other administrative officials; and be it further*

*Resolved, That all tribal and personal rights and claims, as evidenced by treaties otherwise, be promptly adjudicated and paid; and be it further*

*Resolved, That the secretary of state of North Dakota send copies of this resolution to the President of the United States, to the President of the Senate and Speaker of the House of Representatives, the North Dakota Members of Congress, and to the secretaries of state of the States of Minnesota, South Dakota, Montana, Wisconsin, Kansas, Oklahoma, Wyoming, and Washington for the attention of their respective legislative assemblies.*

(The ACTING PRESIDENT pro tempore laid before the Senate a concurrent resolution identical with the foregoing, which was referred to the Committee on Indian Affairs.)

#### INCREASE OF SOLDIERS' PAY

Mr. LANGER. Mr. President, I also ask consent to present for the appropriate reference and printing in the RECORD at this point of a letter received by me from Mr. and Mrs. W. Lynosty, of Duluth, Minn., in favor of the proposal to raise the base pay of the soldiers to \$100 a month.

There being no objection, the letter was referred to the Committee on Military Affairs and ordered to be printed in the RECORD, as follows:

DULUTH, MINN., March 3, 1943.

Hon. Senator LANGER,  
Senate Office Building.

DEAR SIR: Your proposal to raise the salary of the soldier, the base pay, to \$100 per month

is a fine one and deserves the support of every individual.

Have talked to many parents of soldiers who have mentioned their having to send their sons (soldiers) help each month, as after buying war bonds and paying for their insurance, laundry, etc., they have very little if anything left to work with.

Kindly put forth your every effort toward the movement.

Thanking you,

Mr. and Mrs. W. LYNOSTY.

#### REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Mr. THOMAS of Utah, from the Committee on Education and Labor:

S. 400. A bill for the organization and functions of the Public Health Service; with amendments (Rept. No. 133).

By Mr. STEWART, from the Committee on Claims:

S. 373. A bill for the relief of Charles Favors; with an amendment (Rept. No. 134).

By Mr. WHERRY, from the Committee on Claims:

S. 671. A bill for the relief of Charles Francis Fessenden; without amendment (Rept. No. 135).

By Mr. ELLENDER, from the Committee on Claims:

H. R. 940. A bill for the relief of Howard E. Dickson; with an amendment (Rept. No. 136).

By Mr. ROBERTSON, from the Committee on Claims:

H. R. 1128. A bill for the relief of Bernice James; without amendment (Rept. No. 137); and

H. R. 1131. A bill for the relief of the estate of Ola Fowler; without amendment (Rept. No. 138).

By Mr. WILEY, from the Committee on Claims:

S. 695. A bill for the relief of Joseph F. Bolger, with amendments (Rept. No. 139).

By Mr. TUNNELL, from the Committee on Claims:

S. 252. A bill for the relief of Philip Kleinman; without amendment (Rept. No. 140); and

S. 510. A bill for the relief of Inez Smith; with an amendment (Rept. No. 141).

By Mr. DOWNEY, from the Committee on Military Affairs:

S. Res. 113. Resolution requesting certain governmental departments and agencies to assign representatives to accompany the Military Affairs Committee in its investigation of labor shortages in certain Western States; without amendment, and, under the rule, the resolution was referred to the Committee to Audit and Control the Contingent Expenses of the Senate.

#### ENROLLED BILLS PRESENTED

Mrs. CARAWAY, from the Committee on Enrolled Bills, reported that on March 23, 1943, that committee presented to the President of the United States the following enrolled bills:

S. 171. An act for the relief of Arthur A. Schipke;

S. 405. An act for the relief of Mrs. Ernestine Fuselier Sigler;

S. 517. An act for the relief of Vodie Jackson;

S. 518. An act for the relief of Robert T. Groom, Daisy Groom, and Margaret Groom Turpin; and

S. 677. An act to amend the National Housing Act, as amended.

#### BILLS INTRODUCED

Bills were introduced, read the first time, and, by unanimous consent, the second time, and referred, as follows:



By Mr. MEAD:

S. 915. A bill for the relief of Robert Kish Lee and Elizabeth Kish; to the Committee on Claims.

S. 916. A bill relating to the classification of substitute driver-mechanics in the Postal Service; to the Committee on Post Offices and Post Roads.

By Mr. MURRAY:

S. 917. A bill to declare that the United States holds certain lands in trust for Indian use, and for other purposes; to the Committee on Indian Affairs.

By Mr. DAVIS:

S. 918. A bill to amend the Servicemen's Dependents Allowance Act of 1942, as amended, with respect to the date of the beginning of the period for which allowances are paid; to the Committee on Military Affairs.

By Mr. VAN NUYS:

S. 919. A bill to expedite the payment for land acquired under the war period; and

S. 920. A bill to eliminate private suits for penalties and damages arising out of frauds against the United States; to the Committee on the Judiciary.

By Mr. ELLENDER:

S. 921. A bill for the relief of Mrs. Neola Cecile Tucker; to the Committee on Claims.

By Mr. LANGER:

S. 922. A bill to amend the act entitled "An act to expedite the provision of housing in connection with national defense, and for other purposes," as amended; to the Committee on Education and Labor.

By Mr. RUSSELL:

S. 923. A bill to amend the National Defense Act, as amended, with respect to the minimum age limit for persons appointed as second lieutenants in the Regular Army; to the Committee on Military Affairs.

By Mr. HAYDEN:

S. 924. A bill to amend the act entitled "An act to aid the several States in making, or for having made, certain toll bridges on the system of Federal-aid highways free bridges, and for other purposes," as amended by section 1 of the act approved July 19, 1939 (53 Stat. 1036), and for other purposes; to the Committee on Post Offices and Post Roads.

By Mr. REYNOLDS:

S. 925. A bill for the relief of certain widows of Foreign Service officers; to the Committee on Foreign Relations.

#### TEMPORARY ADDITIONAL COMPENSATION FOR POSTAL EMPLOYEES—AMENDMENT

Mr. MEAD submitted an amendment intended to be proposed by him to the bill (H. R. 1366) to provide temporary additional compensation for employees in the Postal Service, which was ordered to lie on the table and to be printed.

THE LATE GOVERNOR FRANK O. LOWDEN,  
OF ILLINOIS

Mr. LUCAS. Mr. President, last Tuesday my colleague the junior Senator from Illinois [Mr. Brooks] paid a very high, glowing, and well-deserved tribute to the late Frank O. Lowden, former Governor of Illinois. At this time I desire to concur in what he said with regard to the life of that great man and fine citizen of Illinois. In addition, I ask unanimous consent to have printed in the RECORD following these remarks an editorial which appeared in the Washington Evening Star on Monday last.

There being no objection, the editorial was ordered to be printed in the RECORD, as follows:

FRANK OREN LOWDEN

Historians writing half a century hence may appreciate Frank Oren Lowden more

than the generality of his contemporaries did. He was a conservative thinker, yet it happened that he frequently was far ahead of his contemporaries in his political and social views. The paradox arose from the fact that his mind was not patterned to a rigid dogma. He was a practicing American in the full and complete meaning of that term. Such a man is very apt to be misunderstood or perhaps condemned by his intellectually lazy neighbors.

It would be a mistake, however, to suggest that Mr. Lowden was lacking in friends. The contrary is the truth. No political leader of his time was more affectionately loved by those who knew him well than he. Particularly by children was he appreciated. He found great joy in developing a summer health resort for youngsters brought from Chicago hospitals to recuperate in the country. His own distinctive quality of enthusiastic boyishness remained with him to the end.

Born in a log cabin at Sunrise City, Minn., January 26, 1861, and educated at the University of Iowa, Mr. Lowden was a self-made success from the start of his active career at 15. His debut in Chicago was in the role of a clerk in a law office. He was graduated at Northwestern Law School only to become a teacher there, and much of his achievement in later life may be traced back to the skill in exposition which he developed as a faculty member. His political interests led to his election to the House of Representatives in 1906 and 1908 and as Governor of Illinois in 1916. The movement for State administrative reorganization which he launched in 1917 spread throughout the entire Nation. Because of it, the chief executive officers of the several Commonwealths ceased to be figureheads.

When the 1920 Republican convention met, Mr. Lowden was the outstanding candidate for the Presidential nomination. Possibly it was because of his philosophic eminence, his distinction of character, his experience, and his zeal that he was not chosen.

Mr. Lowden's farm thereafter was his principal concern. He made his 5,000 acres at Sinnissippi an agricultural laboratory of world-wide importance. Better crops, better stock, better systems of marketing were his objectives. He achieved them and instructed other agrarian realists how to do the same.

Meanwhile, the dark shadow of tyranny which he repeatedly warned against spread across the sky of Europe and the East. Referring to the war against the Axis on his eighty-first birthday, Mr. Lowden spoke these words, which now may be quoted as his epitaph: "Of course, we shall have to endure great hardship. Let us not forget, however, that the pioneers of America suffered more, made larger sacrifices, and took greater risks to conquer this rich continent which they bequeathed to us than any we shall be called upon to make to save our great heritage."

#### PROPOSED CEILING PRICES ON LIVE ANIMALS

Mr. CAPPER. Mr. President, I ask unanimous consent to have printed in the RECORD at this point, following a few brief remarks I have to make, an editorial from the Daily Drovers Telegram, published at Kansas City. The editorial points to dangerous implications in the proposal by the Office of Price Administration to fix ceiling prices on live hogs.

Mr. President, the entire livestock industry is practically unanimous that any attempt to fix ceiling prices on live animals, particularly on cattle, will be disastrous to that industry, and, what is even more serious, that live animal price ceilings, particularly on cattle and sheep, will bring about lessened production of

meats at a time when the need is for increased production.

It looks easy in the offices of Government bureaus in Washington to fix price on each grade of cattle sold on the markets—or on the farms through direct buying, or to local butchers or slaughterers—but, Mr. President does O. P. A. realize that the range of cattle price frequently is as much as \$10 from the highest to the lowest, and that price between these go in jumps as small as cents?

Of course, it would mean many more jobs for inspectors and graders, and practically require such officials to be sent to every farm producing livestock for sale, as most farms do. It would also require much more bookkeeping and accounting and auditing, and the filing of more reports of many kinds. Maybe O. P. A. thinks that is desirable, but I say it would not conduce to the successful prosecution of the war.

The O. P. A. has undertaken to register and issue permits to every farmer who sells meat; it has installed meat rationing—and very properly. I might suggest that we see how the permit system for all slaughtering, and the rationing for all buying of meats, work out, before trying to place ceiling prices on live animals. I send the editorial to the desk.

There being no objection, the editorial was ordered to be printed in the RECORD, as follows:

#### IMPLICATIONS OF A HOG CEILING

Meetings are to be held in Washington this week on live hog ceiling problems.

It is the old story. When one regulation fails to work according to theory then issue another, more far reaching. The meat ceilings have resulted in a considerable amount of dodging around, evidenced in live hog prices above the pork ceiling base. That has undoubtedly resulted in hardship for some packers, especially the smaller operators. So they clamor for a live hog ceiling, thus not openly but actually expressing the hope that the result will be a fixed operating margin which will give them a certain profit. The hog producer can go hang. Fix his income but not his costs—and his costs are going up every day.

Those agitating live hog ceilings have been camping on the doorstep of the price administrators, and they have been welcomed there, because the price administrators are looking for a way out. The hog producer is too busy to run to Washington, and he can't hire lawyers to represent his cause there. So to heck with the farmer! But if the live hog ceiling is undertaken there will be repercussions that will, to say the least, be politically embarrassing.

What we can't understand is the naïveté of the whole thing. Why the boys think when they can't make ceilings on meat work they can make ceilings on the live animal work is beyond us. But they can make it work, the advocates argue. All that will be necessary is to allocate supplies. That shortly is to follow the live hog price edict. Simple. Complete control. Under allocation, obviously, the hog producer would be told where and when he could sell.

The implications of this new plan are far reaching, and no little disturbing. For steer and lamb ceilings would in time follow a hog ceiling; and the livestock producers of this country would for the first time in history be completely hamstrung.

Ten thousand farmer telegrams to Congressmen this week might save the situation. That is, it would appear, the only chance of saving it.







be engrossed for a third reading, read the third time, and passed, as follows:

*Be it enacted, etc.,* That jurisdiction is hereby conferred upon the Court of Claims of the United States to hear, determine, and render judgment upon the claim of the General State Authority of the Commonwealth of Pennsylvania, said claim arising out of certain grants and commitments, agreements, and contracts to and with the United States of America, by and through the Public Works Administration and other agencies and administrations. Suit hereunder may be instituted at any time within 1 year from the date of the enactment of this act, and proceedings therein, appeals therefrom, and payment of judgment thereon, if any, shall be had in the same manner as in the case of claims over which said court had jurisdiction under the provisions of the Judicial Code.

#### BILL PASSED OVER

The bill (H. R. 1785) for the relief of the William Wrigley, Jr., Co., was announced as next in order.

Mr. McKELLAR and Mr. ELLENDER asked that the bill be passed over.

The ACTING PRESIDENT pro tempore. The bill will be passed over.

#### AWARDS OF HONOR FOR AGRICULTURAL PRODUCTION

The joint resolution (S. J. Res. 31) providing for awards of honor for agricultural production was announced as next in order.

Mr. McNARY. Mr. President, I should like to have an explanation of the joint resolution.

The ACTING PRESIDENT pro tempore. The joint resolution was reported from the Committee on Military Affairs by the Senator from Alabama [Mr. HILL] who is not present on the floor at the moment.

Mr. McNARY. I ask that the joint resolution be passed over.

The ACTING PRESIDENT pro tempore. The joint resolution will be passed over.

Mr. HILL subsequently said: Mr. President, when Senate Joint Resolution 31, Calendar No. 130, was reached on the Calendar I had been called from the Chamber temporarily. The Senator from Oregon [Mr. McNARY] wanted to make an inquiry about the joint resolution. So, in my absence, it went over. Since my return to the floor I have talked with the Senator from Oregon and have answered his question, and he now has no objection to the joint resolution. I ask unanimous consent for its present consideration.

The ACTING PRESIDENT pro tempore. The joint resolution will be read by title for the information of the Senate.

The LEGISLATIVE CLERK. A joint resolution (S. J. Res. 31) providing for awards of honor for agricultural production.

The ACTING PRESIDENT pro tempore. Is there objection to the present consideration of the joint resolution?

There being no objection, the joint resolution was considered, ordered to be engrossed for a third reading, read the third time, and passed, as follows:

*Resolved, etc.,* That the Secretary of War is hereby authorized to make awards of honor, with suitable insignia, to persons who are engaged in the production of any food or fiber essential to the war effort. Such awards shall be made to all such persons who are certified

to the Secretary of War by the Secretary of Agriculture as having made outstanding contributions to the war effort.

Sec. 2. The Secretary of War and the Secretary of Agriculture are each authorized to make such regulations as may be necessary to carry out the purposes of this joint resolution.

Sec. 3. There are hereby authorized to be appropriated out of any money in the Treasury not otherwise appropriated, such sums as may be necessary to carry out this joint resolution.

#### APPOINTMENT OF FRANK T. HINES A BRIGADIER GENERAL, ARMY OF THE UNITED STATES

The bill (S. 872) to authorize the President to appoint Frank T. Hines a brigadier general in the Army of the United States was considered, ordered to be engrossed for a third reading, read the third time, and passed, as follows:

*Be it enacted, etc.,* That the President is hereby authorized to appoint Frank T. Hines a brigadier general in the Army of the United States, and immediately thereafter place him on the retired list of the Army with the rank, pay, and allowances of that grade: *Provided*, That during the period that he is occupying civil office under the Federal Government, as Administrator of Veterans' Affairs, or otherwise, he shall not be entitled to other pay or compensation than the salary attached to such civil office.

#### REORGANIZATION AND FUNCTIONS OF THE PUBLIC HEALTH SERVICE

The bill (S. 400) for the organization and functions of the Public Health Service was announced as next in order.

Mr. McKELLAR. Mr. President, may we have an explanation of the bill?

Mr. THOMAS of Utah. The bill is, of course, very important. Its immediate passage is urged because it will be of help in our war effort. The bill merely reorganizes the Public Health Service in such a way that it can function properly in performing the tasks which are imposed upon it by the war. The bill provides for several changes which will be of interest to the Senate in case it wishes to pass upon the bill today, and I trust it will do so, because the Committee on Education and Labor has considered the bill for a long time, worked out all the disagreements, and reached agreement, so the bill was reported unanimously.

The Public Health Service has developed since the beginning of our country, and at various times additional work has been placed upon it, until today it is a complex service, and as a unit of organization is not working as well as it should. Passage of this measure will properly reorganize the Public Health Service, bring it into a position where it can function efficiently, and will take care of the reserve officers who are called into the Public Health Service, giving them the proper status, and will provide the benefits and the allowances which the men necessarily must have because of the great risks they are taking. I think in general, Mr. President, that covers the idea of the bill.

Mr. McKELLAR. Mr. President, will the Senator yield?

Mr. THOMAS of Utah. I yield.

Mr. McKELLAR. I notice on page 5, section 8, new language inserted by the Senate committee. Did the committee have any estimate of the cost represented by that section?

Mr. THOMAS of Utah. This provision was put in the bill by the Committee on Education and Labor, which considered the bill. We find that the Public Health Service is at a great disadvantage because it cannot offer to its officers, who are risking their lives, the same sort of benefits which are offered to the officers in the Army, the Navy, and the Coast Guard. The bill merely gives to the officers in the Public Health Service, who are serving side by side with the Army and Navy officers, the same sort of protection given to the Army and Navy officers. It should be remembered that the United States Public Health Service is built around the same type of organization as the Army and the Navy, with the same classifications, and its officers hold the same ranks. While they are not called upon to fight, officers of the Public Health Service are called upon to go into all the fighting areas, and they are constantly subject to risk and injuries.

Mr. REVERCOMB. Mr. President, will the Senator yield?

Mr. THOMAS of Utah. I yield.

Mr. REVERCOMB. I wish to make an inquiry. Am I correct in understanding that the sole object of the bill and the sole end sought to be attained by it is to equalize the rights of those in the Public Health Service with the rights of those serving in the armed services?

Mr. THOMAS of Utah. The bill will equalize their rights insofar as certain benefits are concerned. Of course, it will not make them equal in some respects to those in the armed services. The officers in the Public Health Service cannot command troops. But the lowest grade of officer in the Public Health Service is equivalent to first lieutenant in the Army or lieutenant, junior grade, in the Navy.

Mr. REVERCOMB. Does the bill do anything else? Does it go beyond that feature?

Mr. THOMAS of Utah. It reorganizes the Public Health Service, and provides for the coordination and regulation of the various services which have been attached to the Public Health Service, so there will be good discipline and proper control from start to finish.

Mr. REVERCOMB. Who is at the head of this organization?

Mr. THOMAS of Utah. The head of the United States Public Health Service is the Surgeon General of the United States, Dr. Thomas Parran.

Mr. REVERCOMB. He is over it all? Mr. THOMAS of Utah. Yes.

Mr. McKELLAR. Mr. President, will the Senator again yield?

Mr. THOMAS of Utah. I yield.

Mr. McKELLAR. How high do the ranks of officers go in the Public Health Service? For instance, how many high-ranking officers are there? Does their rank go as high as major general?

Mr. THOMAS of Utah. The rank will be the equivalent of a major general. At the present time the United States Public Health Service has one officer with the rank of rear admiral. The heads of two divisions will, in addition, have the rank of rear admiral. The Dental Division will be presided over by an officer



who will have the rank of Assistant Surgeon General.

Mr. DANAHER. Mr. President, will the Senator yield?

Mr. THOMAS of Utah. I yield.

Mr. DANAHER. I should like to ask the Senator from Utah, What are the bureaus referred to in lines 5 to 7 on page 1 of the bill? It says there are to be two bureaus, "to be known as the Bureau of Medical Services and the Bureau of State Services."

Mr. THOMAS of Utah. Mr. President, those are bureaus which will coordinate the work being done by the various divisions of the Public Health Service at the present time. It must be remembered that the Public Health Service began back in 1798, and has grown considerably since that time. Additional activities have been assigned to it. Control of venereal disease is one of its activities; also the production of vaccines. It makes various inspections. For example, it makes inspections incident to the sanitary arrangements in the Army and the Navy. It makes immigration inspections. The Public Health Service has direct control over some of the public institutions of America. The reorganization will bring these various branches of the Public Health Service under the coordinated heads. There is also, of course, the work of cooperation done by the Public Health Service between the States and the Nation. That work is brought under the National Institute of Health, which deals with the State organizations on a mutual basis.

Mr. DANAHER. Are all the functions of these respective bureaus provided for in existing law?

Mr. THOMAS of Utah. Yes; and they are all operating. No additional power will be granted by the bill at all. It would establish merely a relationship so that the Surgeon General of the United States would be the proper head, so as to bring about a proper coordination of the service.

Mr. DANAHER. Are the duties leading to such coordination specified somewhere in existing law?

Mr. THOMAS of Utah. No; only insofar as special laws come into existence. For instance, the cancer investigations were conducted under a special act which fits that activity formally into the organization.

The pending measure will bring the work formally into the organization, and will allow it sanction and place.

Mr. TAFT. Mr. President, will the Senator yield?

Mr. THOMAS of Utah. I yield.

Mr. TAFT. So far as the reorganization is concerned, I do not think the bill would grant any power in addition to that already had by the Public Health Service. Most of the powers of the Public Health Service are given to it under existing law. The organization of that Service has been established and developed without any legislation, so far as I know; so that, in my opinion, under the bill nothing would really be done that the President could not do under the present Overman Act. But the Government wanted the matter made more official

and permanent than that. It seems to me that is a correct position to take.

The last question, relating to military benefits, is one about which I do not know very much; I did not happen to be on the committee having to do with it.

But so far as the question of reorganization is concerned, it seems to me that the measure is a very wise one.

Mr. McKELLAR. Mr. President, will the Senator yield?

Mr. THOMAS of Utah. I am glad to yield.

Mr. McKELLAR. I am a strong believer in the Public Health Service, and I am frank in saying that I think it is doing a wonderful work. On the other hand, it seems to me that the bill would tremendously increase the expense. I wish the Senator would give us some idea of what would be the increased expense for the Public Health Service. Of course, that matter will soon come up before the Appropriations Committee. The question of expense is of very great importance. Can the Senator give us any idea at all about the increased expense under the bill?

Mr. THOMAS of Utah. Only in the same way that one can give any idea about increased expense when the country goes into war. For example, there are benefits for men in the Regular Army who are injured, who retire, or who die; but when we have an Army of 7,000,000 or 8,000,000 men, and when those men face bullets, it is certain that the expenses for benefits will be very much greater.

The Public Health Service has been expanded by 1,100 persons; that is, Reserve officers to the number of 1,100 have been brought into the Service.

Under the one amendment dealing with pensions and allowances there would be no extra—

Mr. McKELLAR. I refer to the whole bill. Let me ask what would be the increased expense under the whole bill.

Mr. THOMAS of Utah. There is simply no way at all to estimate the increased expense, any more than one would be able to estimate the increased cost to the Federal Government through loss of life in connection with operations under any Army bill or Navy bill.

We hope that ordinarily the cost will not be great; but we know, as everyone else knows, that if a United States Public Health Service officer were sent on duty to a certain place and there contracted a disease, as the result of which he died, some sort of claim would be presented, and, in the long run, his dependents would be taken care of. The situation is similar to that existing under all pension acts and all compensation acts.

The bill would result in benefits to the Government; because the men who would go into the service would understand their rights, and the Government in accepting them would understand its rights and obligations.

However, as to being able to tell the cost, that is simply impossible.

Mr. LA FOLLETTE. Mr. President, will the Senator yield?

Mr. THOMAS of Utah. I yield.

Mr. LA FOLLETTE. I merely wish to state very briefly that the measure received most careful consideration by the committee. It is an effort to provide a more efficient organization for the existing activities of the Public Health Service, which are administered by the Surgeon General, Thomas G. Parran, whom I regard as one of the ablest men in the public service of the United States. Naturally, as a result of the war, the activities of the Public Health Service have had to be greatly expanded. Many of the activities have brought the officers who are in the Public Health Service into types of service in which they are called upon to share the hazards and the dangers and the illnesses and the casualties that are experienced by men in the medical services of the Army and the Navy. To have Public Health Service officers work side by side with medical men in the uniform of the Army or in the uniform of the Navy, and to deny such officers and their families the same protection and benefits that go with service in the armed forces, must have a very serious effect upon the morale of the Public Health Service.

I can assure the Senate that the bill contains nothing which would further extend the activities or further enlarge the powers of the Public Health Service. The bill merely would provide a better organization for the present already-authorized activities of the Public Health Service, and, so far as I know, there has been and there is no criticism of the activities and the work being done by it.

So, Mr. President, in view of the importance of the measure and the number of men who are engaged in this vitally important phase of the war effort, I hope that Senators will permit the measure to pass.

The PRESIDING OFFICER. Is there objection to the present consideration of the bill?

There being no objection, the Senate proceeded to consider the bill (S. 400) for the organization and functions of the Public Health Service, which had been reported from the Committee on Education and Labor, with amendments.

The amendments were, in section 2, on page 2, line 12, after the word "act" and the comma, to insert "and the officer assigned as Chief Medical Officer of the United States Coast Guard"; at the beginning of section 3, on page 2, line 19, to strike out the word "Medical," and insert "When commissioned"; in line 20, after the word "director," to strike out "may be," and insert "are"; at the beginning of line 22, to strike out the word "and"; in line 24, after the words "medical director" and the semicolon, to insert "and there is authorized to be established in the Office of the Surgeon General a Dental Division and a Sanitary Engineering Division; the chief of each such Dental and Sanitary Engineering Division shall be a commissioned dental officer and a commissioned sanitary engineer officer, respectively, of the regular corps detailed by the Surgeon General, and while each such dental and sanitary engineer officer is so detailed, he shall have the grade, pay, and allowances of



an Assistant Surgeon General as provided by section 2 of this Act"; in section 4, on page 3, in line 14, after the word "appointment," to insert "and any officer so promoted to a higher grade at any time after December 7, 1941, shall be deemed for all purposes to have accepted his promotion to higher grade upon the date of approval, unless he shall expressly decline such promotion, and shall receive the pay and allowances of the higher grade from such date unless he is entitled under some other provision of law to receive the pay and allowances of the higher grade from an earlier date. No such officer who shall have subscribed to the oath of office required by section 1757, Revised Statutes, shall be required to renew such oath or to take a new oath upon his promotion to a higher grade, if his service after the taking of such an oath shall have been continuous"; on page 4, at the beginning of line 1, to strike out the words "and hereafter", and insert "Hereafter"; in line 5, after the word "Service" and the period, to insert, "For the duration of the present war and for 6 months thereafter graduates of reputable osteopathic colleges shall be eligible for appointment as reserve officers in the Public Health Service"; in line 20, at the end of section 6, to insert:

Sec. 7. Section 9 of the act of April 9, 1930 (U. S. C. 42, sec. 37; 46 Stat. 151), is hereby amended by the addition of the following language at the end of said section.

In line 24, before the word "Original", to insert "(d)"; in line 25, after the word "Service", to insert a comma and the words "regular and reserve", and a comma; on page 5, line 5, after the words "less than", to insert "one nor more than"; in line 6, after the word "appointee", to insert "in the regular corps"; and after line 10, to insert a new section 8, as follows:

Sec. 8. Commissioned officers of the Public Health Service, regular and reserve, shall be entitled to the same pay, allowances, and all other rights, benefits, and privileges, now or hereafter authorized or provided for officers of corresponding grade (and their surviving dependents) of the Medical Corps of the Army, regular and reserve, respectively, including but not limited to burial payments, death benefits, pensions, retirement, insurance, disability and survivors' benefits, civil reemployment rights, civil liability, travel and other allowances, including allowances of military attachés of corresponding grades while serving as public health attachés with the State Department at foreign posts; and all commissioned officers of the Public Health Service detailed for duty with the Army or Navy under provisions of law shall be held and considered to be in the active military service of the United States, and such officers while so detailed shall be subject to all of the laws and regulations now or hereafter operative for the Government of the respective services to which they are detailed: *Provided*, That this section shall apply in like manner to commissioned officers of the Public Health Service, regular and reserve, and to their surviving dependents, if any, who were serving outside of the continental limits of the United States on December 7, 1941, or who since December 7, 1941, have been made prisoners of war or who have been disabled or who have lost their lives while on active duty, and: *Provided further*, That all commissioned officers of the Public Health Service not detailed for duty with the Army or Navy

as above provided shall continue to serve under the direction and control of the Surgeon General of the Public Health Service unless specifically detailed for duty with another executive department or independent establishment in accordance with provisions of law.

So as to make the bill read:

*Be it enacted, etc.*, That hereafter the Public Health Service in the Federal Security Agency shall consist of the Office of the Surgeon General, the National Institute of Health, and two bureaus, to be known as the Bureau of Medical Services and the Bureau of State Services. The Surgeon General of the Public Health Service, under the supervision and direction of the Federal Security Administrator, is hereby authorized and directed to assign to the Office of the Surgeon General, to the National Institute of Health, and to the two bureaus, respectively, the several functions of the Public Health Service, and to establish within the Office of the Surgeon General, the National Institute of Health, and the two bureaus, respectively, such divisions, sections, and other units as may be required to perform their functions; and, under such supervision and direction, he may abolish existing divisions, sections, and other units, and, hereafter, may establish, transfer, and consolidate divisions, sections, and other units and reassign their functions for the efficiency of the Service.

Sec. 2. The Director of the National Institute of Health and the chiefs of each of the bureaus, established by section 1 of this act, and the officer assigned as chief medical officer of the United States Coast Guard, shall be commissioned medical officers detailed by the Surgeon General from the regular corps, and while so detailed shall be Assistant Surgeons General and shall have the same grade and shall receive the same pay and allowances as the assistant to the Surgeon General.

Sec. 3. When commissioned officers below the grade of medical director are detailed by the Surgeon General from the regular corps to serve as chiefs of divisions, not more than six of such officers at one time while so detailed shall have the temporary grade and receive temporarily the pay and allowances of a medical director; and there is authorized to be established in the office of the Surgeon General a Dental Division and a Sanitary Engineering Division; the chief of each such Dental and Sanitary Engineering Division shall be a commissioned dental officer and a commissioned sanitary engineer officer, respectively, of the regular corps detailed by the Surgeon General, and while each such dental and sanitary engineer officer is so detailed, he shall have the grade, pay, and allowances of an Assistant Surgeon General as provided by section 2 of this act.

Sec. 4. In time of war or national emergency determined by the President, any commissioned officer of the regular corps of the Public Health Service may be appointed to higher temporary grade with the pay and allowances thereof without vacating his permanent appointment, and any officer so promoted to a higher grade at any time after December 7, 1941, shall be deemed for all purposes to have accepted his promotion to higher grade upon the date of approval, unless he shall expressly decline such promotion, and shall receive the pay and allowances of the higher grade from such date unless he is entitled under some other provision of law to receive the pay and allowances of the higher grade from an earlier date. No such officer who shall have subscribed to the oath of office required by section 1757, Revised Statutes, shall be required to renew such oath or to take a new oath upon his promotion to a higher grade, if his service after the taking of such an oath shall have been continuous. Hereafter reserve officers of the Public Health Service may be distributed in the several

grades without regard to the proportion which at any time obtains or has obtained among the commissioned medical officers of such Service. For the duration of the present war and for 6 months thereafter graduates of reputable osteopathic colleges shall be eligible for appointment as reserve officers in the Public Health Service.

Sec. 5. The record of each commissioned officer of the regular corps initially appointed above the grade of Assistant Surgeon, after the first 3 years of service in such grade, shall be reviewed under regulations approved by the President, and any such officer who is found to be unqualified for further service shall be separated from the Service and paid 6 months' pay and allowances.

Sec. 6. In case of the absence or disability of the Surgeon General and the Assistant to the Surgeon General, or in the event of a vacancy in the office of both, the Assistant Surgeons General shall act as Surgeon General in the order of their designation for such purpose by the Surgeon General.

Sec. 7. Section 9 of the act of April 9, 1930 (U. S. C. 42, sec. 37; 46 Stat. 151), is hereby amended by the addition of the following language at the end of said section:

"(d) Original appointments in the commissioned corps of the Public Health Service, regular and reserve, may be made to a junior grade which shall correspond to that held by a second lieutenant in the Medical Department of the Army and persons so appointed shall be entitled to the same pay and allowances as a second lieutenant in the Medical Department of the Army. After not less than one nor more than 2 years of service each such appointee in the regular corps may be examined under regulations prescribed by the President and upon such examination shall either be promoted to the grade of Assistant Surgeon or be separated from the Service."

Sec. 8. Commissioned officers of the Public Health Service, Regular and Reserve, shall be entitled to the same pay, allowances, and all other rights, benefits, and privileges, now or hereafter authorized or provided for officers of corresponding grade (and their surviving dependents) of the Medical Corps of the Army, Regular and Reserve, respectively, including but not limited to burial payments, death benefits, pensions, retirement, insurance, disability and survivors' benefits, civil reemployment rights, civil liability, travel, and others allowances, including allowances of military attachés of corresponding grades while serving as public-health attachés with the State Department at foreign posts; and all commissioned officers of the Public Health Service detailed for duty with the Army or Navy under provisions of law shall be held and considered to be in the active military service of the United States, and such officers while so detailed shall be subject to all of the laws and regulations now or hereafter operative for the government of the respective services to which they are detailed: *Provided*, That this section shall apply in like manner to commissioned officers of the Public Health Service, Regular and Reserve, and to their surviving dependents, if any, who were serving outside of the continental limits of the United States on December 7, 1941, or who since December 7, 1941, have been made prisoners of war or who have been disabled or who have lost their lives while on active duty: *And provided further*, That all commissioned officers of the Public Health Service not detailed for duty with the Army or Navy as above provided shall continue to serve under the direction and control of the Surgeon General of the Public Health Service unless specifically detailed for duty with another executive department or independent establishment in accordance with provisions of law.

Sec. 9. This act may be cited as the "Public Health Service Act of 1943." For the purpose



of any reorganization under section 1 of this act the Federal Security Administrator, with the approval of the Director of the Bureau of the Budget, is hereby authorized to make such transfer of funds between appropriations as may be necessary for the continuance of transferred functions.

The amendments were agreed to.

The bill was ordered to be engrossed for a third reading, read the third time, and passed.

Mr. THOMAS of Utah. Mr. President, I ask unanimous consent that the clerks be directed to do the necessary renumbering of sections, and so forth.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

#### REDUCTION IN COURSE OF INSTRUCTION AT NAVAL ACADEMY

Mr. WALSH. Mr. President, I ask unanimous consent that at this time the Senate proceed to the consideration of Senate bill 879, Calendar No. 146, a bill relating to reduction in the course of instruction at the Naval Academy. I make the request because I have an engagement with some naval officers and should like to have the Senate proceed at once with consideration of the bill. The bill is a very small one, and its consideration will not take long.

Mr. President, some time ago a law was passed giving the President permission to reduce the course of instruction at the Naval Academy from 4 years to 3 years. The law was construed to apply only to the class which entered the academy in 1941. The bill is for the purpose of changing that construction, and to apply the reduction from 4 years to 3 years in the course of instruction to all classes entering the Naval Academy until the expiration of the war and 6 months thereafter.

The ACTING PRESIDENT pro tempore. Is there objection to the present consideration of the bill?

There being no objection, the bill (S. 879) to amend the act entitled "An act authorizing a reduction in the course of instruction at the Naval Academy," approved June 3, 1941 (55 Stat. 238), was considered, ordered to be engrossed for a third reading, read the third time, and passed, as follows:

*Be it enacted, etc.,* That the act entitled "An act authorizing a reduction in the course of instruction at the Naval Academy" approved June 3, 1941 (55 Stat. 238), is hereby amended to read as follows: "That until the termination of the present war, and until 6 months thereafter, or until such earlier time as the President by proclamation or the Congress by concurrent resolution may designate, the President is hereby authorized, in his discretion, to reduce the course of instruction at the United States Naval Academy from 4 to 3 years and thereafter to graduate classes which have completed such reduced course of instruction."

#### CHARLES FAVORS

The Senate proceeded to consider the bill (S. 373) for the relief of Charles Favors, which had been reported from the Committee on Claims, with an amendment, on page 1, line 6, after the words "sum of", to strike out "\$5,000", and insert "\$2,000", so as to make the bill read:

*Be it enacted, etc.,* That the Secretary of the Treasury is authorized and directed to

pay, out of any money in the Treasury not otherwise appropriated, to Charles Favors, of Phoenix, Ariz., the sum of \$2,000, in full satisfaction of his claim against the United States for compensation for damages sustained and funeral expenses incurred by him as the result of the death of his son, Richard Eugene Favors, a minor, who died from injuries sustained in an accident involving a United States Army truck in which he was riding in Phoenix, Ariz., on February 10, 1942: *Provided*, That no part of the amount appropriated in this act in excess of 10 percent thereof shall be paid or delivered to or received by any agent or attorney on account of services rendered in connection with this claim, and the same shall be unlawful, any contract to the contrary notwithstanding. Any person violating the provisions of this act shall be deemed guilty of a misdemeanor and upon conviction thereof shall be fined in any sum not exceeding \$1,000.

The amendment was agreed to.

The bill was ordered to be engrossed for a third reading, read the third time, and passed.

#### ESTATE OF OLA FOWLER

The bill (H. R. 1131) for the relief of the estate of Ola Fowler was considered, ordered to a third reading, read the third time, and passed.

#### HOWARD E. DICKISON

The Senate proceeded to consider the bill (H. R. 940) for the relief of Howard E. Dickison, which had been reported from the Committee on Claims, with an amendment, on page 1, line 6, after the words "sum of", to strike out "\$2,500", and insert "\$1,000."

The amendment was agreed to.

The amendment was ordered to be engrossed, and the bill to be read a third time.

The bill was read the third time and passed.

#### BERNICE JAMES

The bill (H. R. 1128) for the relief of Bernice James, was considered, ordered to a third reading, read the third time, and passed.

#### CHARLES FRANCIS FESSENDEN

The bill (S. 671) for the relief of Charles Francis Fessenden, was considered, ordered to be engrossed for a third reading, read the third time, and passed, as follows:

*Be it enacted, etc.,* That sections 15 to 20, inclusive, of the act entitled "An act to provide compensation for employees of the United States suffering injuries while in the performance of their duties, and for other purposes," approved September 7, 1916, as amended (U. S. C., 1934 edition, title 5, secs. 767 and 770), are hereby waived in favor of Charles Francis Fessenden, of Waverley, Pa., who allegedly was injured and became permanently disabled while engaged in the performance of his duty in October 1916 as an employee at the navy yard, Charleston, S. C., and as a result of such duty, and his claim for compensation is authorized to be considered and acted upon under the remaining provisions of such act, as amended, if he files such claim with the United States Employees' Compensation Commission not later than 6 months after the date of enactment of this act: *Provided*, That no benefits hereunder shall accrue prior to the approval of this act.

#### JOSEPH F. BOLGER

The Senate proceeded to consider the bill (S. 695) for the relief of Joseph F.

Bolger, which had been reported from the Committee on Claims with an amendment, at the end of the bill, to add a proviso, so as to make the bill read:

*Be it enacted, etc.,* That the Secretary of the Treasury be, and he is hereby, authorized and directed to pay, out of any money in the Treasury not otherwise appropriated, to Joseph F. Bolger, lieutenant, United States Navy, the sum of \$143.75, such sum representing a per diem allowance for subsistence while he was performing temporary additional duty at Norfolk, Va., during October and November 1932, which was allowed him by the official orders designating him for such duty but was subsequently disallowed by the Comptroller General: *Provided*, That no part of the amount appropriated in this act in excess of 10 percent thereof shall be paid or delivered to or received by any agent or attorney on account of services rendered in connection with this claim, and the same shall be unlawful, any contract to the contrary notwithstanding. Any person violating the provisions of this act shall be deemed guilty of a misdemeanor and upon conviction thereof shall be fined in any sum not exceeding \$1,000.

The amendment was agreed to.

The bill was ordered to be engrossed for a third reading, read the third time, and passed.

#### PHILIP KLEINMAN

The bill (S. 252) for the relief of Philip Kleinman, was considered, ordered to be engrossed for a third reading, read the third time, and passed, as follows:

*Be it enacted, etc.,* That the Secretary of the Treasury is authorized and directed to pay, out of any money in the Treasury not otherwise appropriated, to Philip Kleinman, of Salem, Oreg., the sum of \$495, in full satisfaction of his claim against the United States, for payment of medical and hospital expenses incurred by him in securing medical and hospital treatment of his physical disabilities attributable to injuries sustained by him, in the course of duty, while he was a member of Company G, Twenty-sixth Infantry, United States Army: *Provided*, That no part of the amount appropriated in this act in excess of 10 percent thereof shall be paid or delivered to or received by any agent or attorney on account of services rendered in connection with this claim, and the same shall be unlawful, any contract to the contrary notwithstanding. Any person violating the provisions of this act shall be deemed guilty of a misdemeanor and upon conviction thereof shall be fined in any sum not exceeding \$1,000.

#### INEZ SMITH

The Senate proceeded to consider the bill (S. 510) for the relief of Inez Smith, which had been reported from the Committee on Claims with an amendment, at the end of the bill, to add a proviso so as to make the bill read:

*Be it enacted, etc.,* That the Secretary of the Treasury be, and he is hereby, authorized and directed to pay, out of any money in the Treasury not otherwise appropriated, to Inez Smith, postmaster at Bluff City, Tenn., the sum of \$235.76 in full satisfaction of her claim against the United States for reimbursement of the amount paid by her to the United States on account of official funds and stamp stock stolen from the Bluff City post office on August 25, 1939: *Provided*, That no part of the amount appropriated in this act in excess of 10 percent thereof shall be paid or delivered to or received by any agent or attorney on account of services rendered in connection with this claim, and the same shall be unlawful, any







78TH CONGRESS  
1ST SESSION

# S. 400

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## IN THE HOUSE OF REPRESENTATIVES

APRIL 5, 1943

Referred to the Committee on Interstate and Foreign Commerce

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## AN ACT

For the organization and functions of the Public Health Service.

1       *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*  
3 That hereafter the Public Health Service in the Federal  
4 Security Agency shall consist of the Office of the Surgeon  
5 General, the National Institute of Health, and two bureaus,  
6 to be known as the Bureau of Medical Services and the Bureau  
7 of State Services. The Surgeon General of the Public Health  
8 Service, under the supervision and direction of the Federal  
9 Security Administrator, is hereby authorized and directed  
10 to assign to the Office of the Surgeon General, to the National  
11 Institute of Health, and to the two bureaus, respectively, the



1 several functions of the Public Health Service, and to estab-  
2 lish within the Office of the Surgeon General, the National  
3 Institute of Health, and the two bureaus, respectively, such  
4 divisions, sections, and other units as may be required to  
5 perform their functions; and, under such supervision and  
6 direction, he may abolish existing divisions, sections, and  
7 other units, and, hereafter, may establish, transfer, and con-  
8 solidate divisions, sections, and other units and reassign their  
9 functions for the efficiency of the Service.

10       SEC. 2. The Director of the National Institute of Health  
11 and the chiefs of each of the bureaus, established by section  
12 1 of this Act, and the officer assigned as Chief Medical Officer  
13 of the United States Coast Guard, shall be commissioned  
14 medical officers detailed by the Surgeon General from the  
15 regular corps, and while so detailed shall be Assistant Sur-  
16 geons General and shall have the same grade and shall re-  
17 ceive the same pay and allowances as the Assistant to the  
18 Surgeon General.

19       SEC. 3. When commissioned officers below the grade of  
20 medical director are detailed by the Surgeon General from  
21 the regular corps to serve as chiefs of divisions, not more than  
22 six of such officers at one time while so detailed shall have  
23 the temporary grade and receive temporarily the pay and  
24 allowances of a medical director; and there is authorized to  
25 be established in the Office of the Surgeon General a Dental

1 Division and a Sanitary Engineering Division; the chief of  
2 each such Dental and Sanitary Engineering Division shall be  
3 a commissioned dental officer and a commissioned sanitary  
4 engineer officer, respectively, of the regular corps detailed  
5 by the Surgeon General, and while each such dental and  
6 sanitary engineer officer is so detailed, he shall have the  
7 grade, pay, and allowances of an Assistant Surgeon General  
8 as provided by section 2 of this Act.

9       SEC. 4. In time of war or national emergency deter-  
10 mined by the President, any commissioned officer of the  
11 regular corps of the Public Health Service may be appointed  
12 to higher temporary grade with the pay and allow-  
13 ances thereof without vacating his permanent appoint-  
14 ment, and any officer so promoted to a higher grade at any  
15 time after December 7, 1941, shall be deemed for all purposes  
16 to have accepted his promotion to higher grade upon  
17 the date of approval, unless he shall expressly decline such  
18 promotion, and shall receive the pay and allowances of the  
19 higher grade from such date unless he is entitled under some  
20 other provision of law to receive the pay and allowances of  
21 the higher grade from an earlier date. No such officer who  
22 shall have subscribed to the oath of office required by section  
23 1757, Revised Statutes, shall be required to renew such oath  
24 or to take a new oath upon his promotion to a higher grade,  
25 if his service after the taking of such an oath shall have been

1 continuous. Hereafter reserve officers of the Public Health  
2 Service may be distributed in the several grades without  
3 regard to the proportion which at any time obtains or has  
4 obtained among the commissioned medical officers of such  
5 Service. For the duration of the present war and for six  
6 months thereafter graduates of reputable osteopathic colleges  
7 shall be eligible for appointment as reserve officers in the  
8 Public Health Service.

9 SEC. 5. The record of each commissioned officer of the  
10 regular corps initially appointed above the grade of Assist-  
11 ant Surgeon, after the first three years of service in such  
12 grade, shall be reviewed under regulations approved by the  
13 President, and any such officer who is found to be unquali-  
14 fied for further service shall be separated from the Service  
15 and paid six months' pay and allowances.

16 SEC. 6. In case of the absence or disability of the Sur-  
17 geon General and the Assistant to the Surgeon General, or  
18 in the event of a vacancy in the office of both, the Assistant  
19 Surgeons General shall act as Surgeon General in the order  
20 of their designation for such purpose by the Surgeon General.

21 SEC. 7. Section 9 of the Act of April 9, 1930 (U. S. C.  
22 42, sec. 37; 46 Stat. 151), is hereby amended by the addi-  
23 tion of the following language at the end of said section:

24 “(d) Original appointments in the commissioned corps

1 of the Public Health Service, regular and reserve, may be  
2 made to a junior grade which shall correspond to that held  
3 by a second lieutenant in the Medical Department of the  
4 Army and persons so appointed shall be entitled to the same  
5 pay and allowances as a second lieutenant in the Medical  
6 Department of the Army. After not less than one nor more  
7 than two years of service each such appointee in the regular  
8 corps may be examined under regulations prescribed by the  
9 President and upon such examination shall either be pro-  
10 moted to the grade of Assistant Surgeon or be separated  
11 from the Service."

12 SEC. 8. Commissioned officers of the Public Health Serv-  
13 ice, regular and reserve, shall be entitled to the same pay,  
14 allowances, and all other rights, benefits, and privileges, now  
15 or hereafter authorized or provided for officers of correspond-  
16 ing grade (and their surviving dependents) of the Medical  
17 Corps of the Army, regular and reserve, respectively, includ-  
18 ing but not limited to burial payments, death benefits, pen-  
19 sions, retirement, insurance, disability and survivors' benefits,  
20 civil reemployment rights, civil liability, travel and other al-  
21 lowances, including allowances of military attachés of corre-  
22 sponding grades while serving as public health attachés with  
23 the State Department at foreign posts; and all commissioned  
24 officers of the Public Health Service detailed for duty with the



1 Army or Navy under provisions of law shall be held and  
2 considered to be in the active military service of the United  
3 States, and such officers while so detailed shall be subject to  
4 all of the laws and regulations now or hereafter operative  
5 for the government of the respective services to which they  
6 are detailed: *Provided*, That this section shall apply in like  
7 manner to commissioned officers of the Public Health Service,  
8 regular and reserve, and to their surviving dependents, if any,  
9 who were serving outside of the continental limits of the  
10 United States on December 7, 1941, or who since December  
11 7, 1941, have been made prisoners of war or who have been  
12 disabled or who have lost their lives while on active duty,  
13 and: *Provided further*, That all commissioned officers of the  
14 Public Health Service not detailed for duty with the Army or  
15 Navy as above provided shall continue to serve under the  
16 direction and control of the Surgeon General of the Public  
17 Health Service unless specifically detailed for duty with an-  
18 other executive department or independent establishment in  
19 accordance with provisions of law.

20 SEC. 9. This Act may be cited as the "Public Health  
21 Service Act of 1943". For the purpose of any reorganiza-  
22 tion under section 1 of this Act the Federal Security Admin-  
23 istrator, with the approval of the Director of the Bureau of  
24 the Budget, is hereby authorized to make such transfer of



- 1 funds between appropriations as may be necessary for the  
2 continuance of transferred functions.

Passed the Senate April 2, 1943.

Attest:

EDWIN A. HALSEY,

*Secretary.*

78<sup>TH</sup> CONGRESS  
1<sup>ST</sup> Session

S. 400

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# AN ACT

For the organization and functions of the  
Public Health Service.

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APRIL 5, 1943

Referred to the Committee on Interstate and Foreign  
Commerce



United States  
of America

FILE COPY

# Congressional Record

PROCEEDINGS AND DEBATES OF THE 78<sup>th</sup> CONGRESS, FIRST SESSION

Vol. 89

WASHINGTON, MONDAY, APRIL 5, 1943

No. 61

## Senate

The Senate was not in session today. Its next meeting will be held on Tuesday, April 6, 1943, at 12 o'clock meridian.

## House of Representatives

MONDAY, APRIL 5, 1943

The House met at 12 o'clock noon.

The Chaplain, Rev. James Shera Montgomery, D. D., offered the following prayer:

Glory be to Thy name, O Lord Most High. We pray for deliverance from the clanging discords of men and for a high grasp of the compelling realities which make a people grand and enduring. In this day which maintains self and materialism, enable us to put conscience and character as our primary quests. With these virtues intellect and talent pass into honor and a splendid fruition.

Reaffirm our unswerving convictions to the everlasting verity that there is no name under Heaven by which we can be saved, but by the name of Jesus only. In the passionate struggle for religious and political freedom, we pray for a revival of godliness which proves itself in the Golden Rule. Teach us that whither flow the spiritual streams, they revitalize and remind us to build on the impregnable Rock of Ages. Keep our hearts pure and humble, accepting with tranquillity the yoke of sacrifice without murmur or complaint. Crown us with that spirit which ever avows and champions the determination that all pagan rebels shall be thrust from their thrones. Thus we shall share in the glorious privilege of the crusaders of truth that freedom shall survive and that the scepter of humanity shall be righteousness and peace to all the world. In the name of our Exemplar and Saviour. Amen.

### THE JOURNAL

The Journal of the proceedings of Friday, April 2, 1943, was read and approved.

### MESSAGE FROM THE SENATE

A message from the Senate, by Mr. Frazier, its legislative clerk, announced that the Senate had passed without amendment bills and a concurrent reso-

lution of the House of the following titles:

H. R. 218. An act for the relief of H. F. Mathis;

H. R. 227. An act for the relief of the Tours Apartment Hotel;

H. R. 402. An act for the relief of Frank T. Been;

H. R. 598. An act for the relief of Thelma Cannon McGroary;

H. R. 605. An act for the relief of Shumate Investment Co.;

H. R. 1128. An act for the relief of Bernice James;

H. R. 1131. An act for the relief of the estate of Ola Fowler;

H. R. 1276. An act for the relief of Raymond W. Baldwin, Mattie Baldwin, and Clement B. Baldwin;

H. R. 1279. An act for the relief of Lee Watts;

H. R. 1459. An act for the relief of Albertine Nast;

H. R. 1639. An act for the relief of Frank and Paulina Rublein and Mrs. Ethel Bowers;

H. R. 1691. An act to authorize the Secretary of the Navy to pay the costs of transportation of certain civilian employees, and for other purposes;

H. R. 1724. An act to provide for the reimbursement of certain civilian personnel for personal property lost incident to the emergency evacuation of the United States Antarctic Service Expedition's East Base, Antarctica, on March 21, 1941, and for other purposes;

H. R. 2070. An act to effectuate the intent of the Congress as expressed in section 1, paragraph (k) of Public Law 846, Seventy-seventh Congress, approved December 24, 1942, by adding to the list of institutions named in said paragraph the name of the American Tree Association, an institution similar to the institutions so named; and

H. Con. Res. 17. Concurrent resolution authorizing the Committee on Ways and Means of the House of Representatives to have printed for its use additional copies of the hearings held before said committee during the current session relative to individual income tax.

The message also announced that the Senate had passed bills and a joint resolution of the following titles, in which the concurrence of the House is requested:

S. 24. An act to authorize the Secretary of the Interior to issue patents for certain lands to certain settlers in the Pyramid Lake Indian Reservation, Nev.;

S. 134. An act for the relief of the heirs of John J. Shields;

S. 135. An act to confer jurisdiction upon the Court of Claims of the United States to hear, determine, and render judgment on the claim of the General State Authority of the Commonwealth of Pennsylvania;

S. 169. An act designating the fourth Saturday in September of each year as American Indian Day;

S. 170. An act for the relief of W. Cooke;

S. 241. An act for the relief of Rachel Acerra;

S. 252. An act for the relief of Philip Kleinman;

S. 257. An act for the relief of Christine Lund;

S. 258. An act authorizing the Comptroller General of the United States to consider the claim of Lew O. Calhoun;

S. 373. An act for the relief of Charles Favors;

S. 376. An act for the relief of C. Y. Webb;

S. 400. An act for the organization and functions of the Public Health Service;

S. 510. An act for the relief of Inez Smith;

S. 516. An act for the relief of the Nashville, Chattanooga & St. Louis Railway;

S. 555. An act for the relief of Almos W. Glasgow;

S. 629. An act to authorize the conveyance of certain public lands in the State of Minnesota to such State for use for park, recreational, or wildlife-refuge purposes;

S. 652. An act for the relief of Joseph A. Lassiter;

S. 671. An act for the relief of Charles Francis Fessenden;

S. 684. An act for the relief of Lt. M. V. Daven;

S. 695. An act for the relief of Joseph F. Bolger;



S. 716. An act to provide for the appointment of an additional circuit judge for the seventh judicial circuit;

S. 717. An act for the relief of Cinda J. Short;

S. 734. An act to provide for the transfer of Granville County to the middle judicial district of North Carolina;

S. 743. An act for the relief of Mr. and Mrs. Walter H. Kindon;

S. 784. An act to amend that part of the act of June 24, 1910 (36 Stat. 619) relating to disposition of profits from sales of ships' stores;

S. 800. An act to authorize certain officers of the Navy, Marine Corps, and Coast Guard to act as notaries public during the existence of war or a national emergency and 6 months thereafter;

S. 829. An act to amend sections 6 and 11 of the act approved July 24, 1941, entitled "An act authorizing the temporary appointment or advancement of certain personnel of the Navy and Marine Corps, and for other purposes," as amended, to provide for the grade of commodore, and for other purposes;

S. 839. An act conferring jurisdiction upon the United States District Court for the Middle District of North Carolina to hear, determine, and render judgment upon the claim of Etta Houser Freeman;

S. 853. An act to amend the act of March 3, 1909, as amended by the act of January 23, 1942, providing for the sale of naval stores, in order to authorize the Secretary of the Navy to permit the sale of naval stores in the continental United States during the war and 6 months thereafter to civilian officers and employees of the United States, and to other persons at stations where purchase from private agencies is found to be impracticable;

S. 854. An act for the relief of the First National Bank of Huntsville, Tex.;

S. 872. An act to authorize the President to appoint Frank T. Hines a brigadier general in the Army of the United States;

S. 879. An act to amend the act entitled "An act authorizing a reduction in the course of instruction at the Naval Academy," approved June 3, 1941 (55 Stat. 238);

S. 903. An act to amend section 602 (d) (1) of the National Service Life Insurance Act of 1940, as amended; and

S. J. Res. 31. Joint resolution providing for awards of honor for agricultural production.

The message also announced that the Senate had passed, with amendments in which the concurrence of the House is requested, bills of the House of the following titles:

H. R. 170. An act to confer jurisdiction upon the United States District Court for the Eastern District of Virginia to hear, determine, and render judgment upon the claim of O. T. Travis;

H. R. 535. An act for the relief of the legal guardian of Donna Pittel;

H. R. 940. An act for the relief of Howard E. Dickson;

H. R. 1153. An act for the relief of Cordie Underwood and Wilbur Kea;

H. R. 1463. An act for the relief of Florence B. Hutchinson; and

H. R. 1468. An act for the relief of Mr. and Mrs. Samuel Azer.

LEONARD G. PECK

Mr. COCHRAN. Mr. Speaker, by direction of the Committee on Accounts, I present a privileged resolution (H. Res. 195), which I send to the desk and ask to have read.

The Clerk read as follows:

*Resolved*, That there shall be paid out of the contingent funds of the House to Leonard G. Peck, father of Lyle G. Peck, late an em-

ployee of the House, an amount equal to 6 months' salary compensation and an additional amount not to exceed \$250 to defray funeral expenses of the said Lyle G. Peck.

The SPEAKER. The question is on agreeing to the resolution.

The resolution was agreed to, and a motion to reconsider laid on the table.

#### EXTENSION OF REMARKS

Mr. DELANEY. Mr. Speaker, I ask unanimous consent to extend my remarks and include a resolution passed by the Assembly of the State of New York.

The SPEAKER. Is there objection?

There was no objection.

[The matter referred to appears in the Appendix.]

Mr. ROBINSON of Utah. Mr. Speaker, I ask unanimous consent to extend my remarks and include a speech delivered by me yesterday at the dedicatory exercises held in Arlington for William Henry Jackson.

The SPEAKER. Is there objection?

There was no objection.

[The matter referred to appears in the Appendix.]

Mr. GATHINGS. Mr. Speaker, I ask unanimous consent to extend my remarks and include an article appearing in the Commercial Appeal, of Memphis, Tenn., on March 30, 1943.

The SPEAKER. Is there objection?

There was no objection.

[The matter referred to appears in the Appendix.]

Mr. GATHINGS. Also, Mr. Speaker, I ask unanimous consent to extend my remarks in the RECORD and include an editorial appearing in today's Washington Post.

The SPEAKER. Is there objection?

There was no objection.

[The matter referred to appears in the Appendix.]

Mr. McMURRAY. Mr. Speaker, I ask unanimous consent to extend my remarks in the RECORD and include an editorial appearing in the Chicago Sun, Friday, March 13, 1943.

The SPEAKER. Is there objection?

There was no objection.

[The matter referred to appears in the Appendix.]

Mr. McMURRAY. Also, Mr. Speaker, I ask unanimous consent to extend my remarks and include an editorial from the Milwaukee Journal of March 21, 1943.

The SPEAKER. Is there objection?

There was no objection.

[The matter referred to appears in the Appendix.]

Mr. MCGREGOR. Mr. Speaker, I ask unanimous consent to extend my own remarks and include an address given by a professor of political science of the Ohio Wesleyan University. In checking with the Government Printing Office on this matter, it will cost in excess of the usual amount, \$90. I ask unanimous consent that it be extended in the RECORD nevertheless.

The SPEAKER. Is there objection?  
There was no objection.

[The matter referred to appears in the Appendix.]

#### V FOODS TO FIGHT U-BOATS

Mr. MUNDT. Mr. Speaker, I ask unanimous consent to proceed for 1 minute.

The SPEAKER. Is there objection?

There was no objection.

Mr. MUNDT. Mr. Speaker, for something over a year I have been making a study as time has permitted of the remarkable developments taking place in the fields of dehydrated and compressed foods especially from the standpoint of their utility in this era of global warfare. Tomorrow afternoon I have a special order at which time I shall discuss and describe some of the immediate opportunities for saving shipping space which food compression provides but which thus far have not been utilized by those in authority.

With the cooperation of the Lend-Lease Administration, the War Production Board, the Department of Agriculture, the Food Distribution Administration, and the Quartermasters Corps of the Army I have collected a display of charts, pictures, and diagrams which I am setting up in the Speaker's lobby tomorrow morning, and which I hope Members will take time to examine. In my talk tomorrow afternoon I shall elaborate upon the lessons of this display. I also want to announce that following my remarks tomorrow afternoon I have arranged to provide some taste samples of compressed cranberry sauce, and all Members of the House and the press gallery are invited to apply the ancient test that "The proof of the pudding is the eating thereof" to these compressed foods. Compressed cranberry sauce will be reconstituted and prepared during an eat-as-you-watch demonstration in the Republican cloakroom under the watchful eyes of Ben Jones, and you are all invited to drop in and let your taste buds convince your judgment that the science of food compression has passed the experimental stage and is ready to do Trojan duty in this war.

#### EXTENSION OF REMARKS

Mr. CUNNINGHAM. Mr. Speaker, I ask unanimous consent to extend my remarks and include a memorial from the Iowa State General Assembly on post roads program.

The SPEAKER. Is there objection?

There was no objection.

[The matter referred to appears in the Appendix.]

Mr. J. LEROY JOHNSON. Mr. Speaker, I ask unanimous consent to extend my remarks and include an article from the Washington Post of yesterday.

The SPEAKER. Is there objection?

There was no objection.

[The matter referred to will appear hereafter in the Appendix.]

Mr. MASON. Mr. Speaker, I ask unanimous consent to extend my remarks and include therein an article by David Lawrence covering the con-



should no longer be excluded from the treaty-making provisions of the Constitution. The so-called historical accident referred to previously in quoting Professor Burdick, can be corrected by the adoption of the amendment proposed in the joint resolution I have introduced.

The SPEAKER. The time of the gentleman from Tennessee has expired.

(By unanimous consent, Mr. PRIEST was granted permission to revise and extend his remarks.)

Mr. RABAUT. Mr. Speaker, I ask unanimous consent to revise and extend the remarks I made in the Committee of the Whole today.

The SPEAKER. Without objection, it is so ordered.

There was no objection.

#### SENATE BILLS REFERRED

Bills and a joint resolution of the Senate of the following titles were taken from the Speaker's table and, under the rule, referred as follows:

S. 24. An act to authorize the Secretary of the Interior to issue patents for certain lands to certain settlers in the Pyramid Lake Indian Reservation, Nev.; to the Committee on Indian Affairs.

S. 134. An act for the relief of the heirs of John J. Shields; to the Committee on Claims.

S. 135. An act to confer jurisdiction upon the Court of Claims of the United States to hear, determine, and render judgment on the claim of the General State Authority of the Commonwealth of Pennsylvania; to the Committee on Claims.

S. 169. An act designating the fourth Saturday in September of each year as American Indian Day; to the Committee on the Judiciary.

S. 170. An act for the relief of W. Cooke; to the Committee on Claims.

S. 241. An act for the relief of Rachel Acerra; to the Committee on Claims.

S. 252. An act for the relief of Philip Kleinman; to the Committee on Claims.

S. 373. An act for the relief of Charles Favors; to the Committee on Claims.

S. 376. An act for the relief of C. Y. Webb; to the Committee on Claims.

S. 400. An act for the organization and functions of the Public Health Service; to the Committee on Interstate and Foreign Commerce.

S. 510. An act for the relief of Inez Smith; to the Committee on Claims.

S. 516. An act for the relief of the Nashville, Chattanooga & St. Louis Railway; to the Committee on Claims.

S. 555. An act for the relief of Almos W. Glasgow; to the Committee on Claims.

S. 629. An act to authorize the conveyance of certain public lands in the State of Minnesota to such State for use for park, recreational, or wildlife-refuge purposes; to the Committee on the Public Lands.

S. 652. An act for the relief of Joseph A. Lassiter; to the Committee on Claims.

S. 671. An act for the relief of Charles Francis Fessenden; to the Committee on Claims.

S. 684. An act for the relief of Lt. M. V. Daven; to the Committee on Claims.

S. 695. An act for the relief of Joseph F. Bolger; to the Committee on Claims.

S. 716. An act to provide for the appointment of an additional circuit judge for the seventh judicial circuit; to the Committee on the Judiciary.

S. 717. An act for the relief of Cinda J. Short; to the Committee on Claims.

S. 734. An act to provide for the transfer of Granville County to the middle judicial

district of North Carolina; to the Committee on the Judiciary.

S. 743. An act for the relief of Mr. and Mrs. Walter H. Kindon; to the Committee on Claims.

S. 784. An act to amend that part of the act of June 24, 1910 (36 Stat. 619), relating to disposition of profits from sales of ships' stores; to the Committee on Naval Affairs.

S. 839. An act conferring jurisdiction upon the United States District Court for the Middle District of North Carolina to hear, determine, and render judgment upon the claim of Etta Houser Freeman; to the Committee on Claims.

S. 872. An act to authorize the President to appoint Frank T. Hines a brigadier general in the Army of the United States; to the Committee on Military Affairs.

S. 879. An act to amend the act entitled "An act authorizing a reduction in the course of instruction at the Naval Academy," approved June 3, 1941 (55 Stat. 238); to the Committee on Naval Affairs.

S. J. Res. 31. Joint resolution providing for awards of honor for agricultural production; to the Committee on Agriculture.

#### SENATE ENROLLED BILL SIGNED

The SPEAKER announced his signature to an enrolled bill of the Senate of the following title:

S. 886. An act relating to the selective-service deferment, on occupational grounds, of persons employed by the Federal Government.

#### ADJOURNMENT

Mr. RABAUT. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 5 o'clock and 20 minutes p. m.) the House adjourned until tomorrow, Tuesday, April 6, 1943, at 12 o'clock noon.

#### COMMITTEE HEARINGS

##### COMMITTEE ON THE MERCHANT MARINE AND FISHERIES

##### *Notice of postponement of hearing*

(Tuesday, April 6, 1943)

The meeting of the Subcommittee on Fisheries of the Committee on the Merchant Marine and Fisheries, which was scheduled for Wednesday, March 31, 1943, at 10:30 a. m., to consider the matter of price ceilings on fishery products, has been postponed until Tuesday, April 6, 1943, at 10 a. m.

##### *Notice of postponement of hearing*

(Thursday, May 13, 1943)

As advised in notice of March 10, 1943, Congressman BATES, of Massachusetts, patron of the bill H. R. 1766, upon which hearings were scheduled on April 8, 1943, is a member of the Committee on Naval Affairs and of a subcommittee of that committee which has arranged a schedule of hearings throughout the country which will compel Congressman BATES, of Massachusetts, to be absent from Washington on April 8 and also April 15.

The chairman of the committee and the Commissioner of Fisheries will be out of town on intervening dates, which will necessitate a further postponement of the hearing until May 13, 1943. You are hereby notified that the hearings scheduled for April 8 and postponed until April 15 have been postponed to May 13, 1943, at 10 a. m., at which time the hearings will follow.

##### COMMITTEE ON IMMIGRATION AND NATURALIZATION

(Wednesday, April 7, 1943)

There will be a hearing of the Committee on Immigration and Naturalization on Wednesday, April 7, 1943, at 10:30 a. m., for the consideration of H. R. 1607.

#### EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XXIV, executive communications were taken from the Speaker's table and referred as follows:

300. A letter from the Chairman, Reconstruction Finance Corporation, transmitting report covering its operations for the period from the organization of the Corporation on February 2, 1932, to December 31, 1942; to the Committee on Banking and Currency.

301. A letter from the President, Board of Commissioners, District of Columbia, transmitting a draft of a proposed bill entitled "A bill to redefine the powers and duties of the Board of Public Welfare of the District of Columbia, to establish a Department of Public Welfare, and for other purposes"; to the Committee on the District of Columbia.

302. A letter from the Secretary, Navy Department, transmitting report showing the name of each person commissioned from civilian life in the Navy, Marine Corps, from January 29 to March 29, 1943, and in the Coast Guard from February 1 to April 1, 1943; to the Committee on Naval Affairs.

303. A communication from the President of the United States, transmitting the budget for the Navy Department and naval service for the fiscal year 1944, containing estimates of appropriations amounting to \$24,551,070,000 and proposed provisions affecting said estimates (H. Doc. No. 149); to the Committee on Appropriations and ordered to be printed.

#### REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Mr. COCHRAN: Committee on Accounts. House Resolution 195. Resolution granting a gratuity to Leonard G. Peck; without amendment (Rept. No. 342). Referred to the House Calendar.

Mr. RABAUT: Committee on Appropriations. H. R. 2397. A bill making appropriations for the Departments of State, Justice, and Commerce for the fiscal year ending June 30, 1944, and for other purposes; without amendment (Rept. No. 343). Referred to the Committee of the Whole House on the state of the Union.

Mr. WARD: Committee on the Post Office and Post Roads. H. R. 1004. A bill to relieve newspapers and periodical publications which have voluntarily suspended publication for the duration of the war from payment of second-class mailing fees upon resumption of publication; with amendment (Rept. No. 344). Referred to the Committee of the Whole House on the state of the Union.

#### PUBLIC BILLS AND RESOLUTIONS

Under clause 3 of rule XXII, public bills and resolutions were introduced and severally referred as follows:

By Mr. BROOKS:

H. R. 2391. A bill to provide for the establishment of uniform freight rates, and for other purposes; to the Committee on Interstate and Foreign Commerce.



By Mr. CULKIN:

H. R. 2392. A bill to prohibit and to prevent the trade practices known as compulsory block booking and blind selling in the leasing of motion-picture films in interstate and foreign commerce; to the Committee on Interstate and Foreign Commerce.

By Mr. SHAFER:

H. R. 2393. A bill providing an alternative method for treating annuities for the purposes of the Federal income tax; to the Committee on Ways and Means.

H. R. 2394. A bill to authorize payments in lieu of taxes to counties and other political subdivisions in which property acquired for military purposes has been leased for other use; to the Committee on Military Affairs.

By Mr. WALTER:

H. R. 2395. A bill to provide for the appointment of an additional district judge for the eastern district of Pennsylvania; to the Committee on the Judiciary.

By Mr. WILLEY:

H. R. 2396. A bill to establish a national cemetery in the State of Delaware; to the Committee on Military Affairs.

By Mr. BELL:

H. R. 2398. A bill to increase the amount of the Government's contributions under the Servicemen's Dependents Allowance Act of 1942 in the case of children of servicemen; to the Committee on Military Affairs.

By Mr. LEA:

H. R. 2399. A bill to amend the Locomotive Inspection Act of February 17, 1911, as amended, to provide for the appointment of five additional inspectors, and to provide for adjustments in salaries; to the Committee on Interstate and Foreign Commerce.

By Mr. FULMER:

H. R. 2400. A bill to eliminate the provisions of the Internal Revenue Code relating to taxes on domestic margarine and relating to license taxes upon manufacturers, wholesalers, and retailers of margarine; to the Committee on Agriculture.

By Mr. FULBRIGHT:

H. Res. 200 Resolution declaring the sense of the House with respect to participation by the United States in the prevention of future aggression and the maintenance of peace; to the Committee on Foreign Affairs.

#### MEMORIALS

Under clause 3 of rule XXII, memorials were presented and referred as follows:

By the SPEAKER: Memorial of the Legislature of the State of Oregon, memorializing the President and the Congress of the United States to enact House bill 1288; to the Committee on the Public Lands.

Also, memorial of the Legislature of the State of Pennsylvania, memorializing the President and the Congress of the United States to pass legislation to utilize all able-bodied conscientious objectors on the farms; to the Committee on Military Affairs.

Also, memorial of the Legislature of the State of North Dakota, memorializing the President and the Congress of the United States to abandon any action for further acquisition of land and extension of game reserve in North Dakota; to the Committee on the Public Lands.

Also, memorial of the Legislature of the State of Michigan, memorializing the President and the Congress of the United States to propose an amendment to the Constitution to limit the term of office of the President to two terms; to the Committee on the Judiciary.

Also, memorial of the Legislature of the State of New Jersey, memorializing the President and the Congress of the United States against the construction of a proposed Bordentown-Sayreville ship canal; to the Committee on Rivers and Harbors.

Also, memorial of the Legislature of the State of Illinois, memorializing the President and the Congress of the United States to enact legislation to exempt or defer farm labor from the military service; to the Committee on Military Affairs.

#### PRIVATE BILLS AND RESOLUTIONS

Under clause 1 of rule XXII, private bills and resolutions were introduced and severally referred as follows:

By Mr. BLOOM:

H. R. 2401. A bill granting an increase of pension to Mrs. Emma Hall; to the Committee on Invalid Pensions.

By Mr. BROOKS:

H. R. 2402. A bill for the relief of Lamar Calloway; to the Committee on Claims.

By Mr. LAFOLLETTE:

H. R. 2403. A bill granting a pension to Charles E. Curl; to the Committee on Invalid Pensions.

By Mr. MARTIN of Iowa:

H. R. 2404. A bill to restore Capt. Lara P. Good, retired, to the active list of the United States Army; to the Committee on Military Affairs.

By Mr. PLOESER:

H. R. 2405. A bill for the relief of Clarence P. Hale, Jr.; to the Committee on Claims.

By Mr. SUNDSTROM:

H. R. 2406. A bill for the relief of Theodore R. Flohl; to the Committee on Military Affairs.

By Mr. VINSON of Georgia:

H. R. 2407. A bill granting a pension to Marjorie Scott, widow of the late Rear Admiral Norman Scott, United States Navy; to the Committee on Pensions.

By Mr. WELCH:

H. R. 2408. A bill for the relief of Clarence E. Thompson and Mrs. Virginia Thompson; to the Committee on Claims.

#### PETITIONS, ETC.

Under clause 1 of rule XXII, petitions and papers were laid on the Clerk's desk and referred as follows:

401. By Mr. ANDERSON of New Mexico: A joint memorial of the Sixteenth Legislature of the State of New Mexico, memorializing the President of the United States and the War Department of the United States to designate that certain airfield now known as the Alamogordo Air Base as the Jack Lee Field; to the Committee on Military Affairs.

402. By Mr. CHIPERFIELD: Petitions urging passage of House bill 1996; to the Committee on Labor.

403. By Mr. LYNCH: Memorial of the Legislature of the State of New York, requesting the Congress to take appropriate action to eliminate any delay in the final attainment of citizenship on the applications of petitioners of Italian origin who have demonstrated themselves to be loyal and worthy, notwithstanding a state of war between the United States and Italy; to the Committee on Immigration and Naturalization.

404. By Mr. SMITH of Wisconsin: Petition of the Walworth County Bankers' Association, Elkhorn, Wis.; to the Committee on Agriculture.

405. By Mr. GRAHAM: Petition of sundry citizens of Lawrence County, Pa., urging enactment of liquor advertising bill, S. 569, introduced by Senator ARTHUR CAPPER, making it unlawful for any newspaper, periodical, newsreel, photographic film, or record advertising beverages, to be carried in mails, by railroad, or by any common or private carrier from one State to another; to the Committee on Interstate and Foreign Commerce.

406. By Mr. CUNNINGHAM: Resolution of the National Council of Chief State School

Officers, concerning legislation to provide for civilian rehabilitation during the war emergency; to the Committee on Education.

407. By Mr. SUNDSTROM: Concurrent resolution of the Senate of the State of New Jersey, memorializing the Congress to take action necessary to effect the retirement of the Federal Government from the field of a tax on gasoline; to the Committee on Ways and Means.

408. By Mr. CULLEN: Petition of the New York State Legislature, urging Congress to take appropriate action to eliminate any delay in the final attainment of citizenship on the part of applicants of Italian origin who have demonstrated themselves to be loyal and worthy, notwithstanding the existence of a state of war between the United States and Italy; to the Committee on Immigration and Naturalization.

409. By Mr. SMITH of Wisconsin: Petition of sundry citizens of Burlington, Wis.; to the Committee on Military Affairs.

410. By Mr. SMITH of West Virginia: Resolution adopted by 15 women's organizations, with combined membership of 3,200, of Charleston, W. Va., protesting against the Nazi atrocities perpetrated against Jews in Europe; to the Committee on Immigration and Naturalization.

411. By Mr. HANCOCK: Petition of Mrs. W. R. Rickett and other residents of Cortland, N. Y., favoring the enactment of House bill 2032; to the Committee on the Judiciary.

412. By Mr. FITZPATRICK: Petition of the New York State Legislature, memorializing the Congress of the United States to take appropriate action to eliminate any delay in the final attainment of citizenship on the part of applicants of Italian origin who have demonstrated themselves to be loyal and worthy, notwithstanding the existence of a state of war between the United States and Italy; to the Committee on Immigration and Naturalization.

413. By Mr. KEARNEY: Memorial of New York State Legislature, that the Congress of the United States be, and hereby is, memorialized to take appropriate action to eliminate any delay in the final attainment of citizenship on the part of applicants of Italian origin who have demonstrated themselves to be loyal and worthy, notwithstanding the existence of a state of war between the United States and Italy; to the Committee on Immigration and Naturalization.

414. By Mr. GRAHAM: Petition of sundry citizens of Lawrence County, Pa., urging the enactment of military camps liquor abolishment bill, S. 860, introduced by Senator W. LEE O'DANIEL; to the Committee on Military Affairs.

415. By Mr. SHAFER: Memorial of the Legislature of the State of Michigan, adopting report of Governors' Conference at Des Moines, Iowa, March 15, 1943, relative to agricultural production; to the Committee on Agriculture.

416. By Mr. BENNETT of Missouri: Petition of the Missouri House of Representatives, relative to grade labeling of creamery butter; to the Committee on Agriculture.

417. By Mr. GRAHAM: Petition of sundry citizens of Lawrence County, Pa., urging enactment of soldiers' bill, H. R. 1548, introduced by Representative SAM M. RUSSELL, providing for common defense, and protection of health and morals of persons in military or naval forces of the United States; to the Committee on Military Affairs.

418. By Mr. CANFIELD: Resolution of the Legislature of the State of New Jersey, memorializing Congress to take action necessary to effect the retirement of the Federal Government from the field of a tax on gasoline; to the Committee on Ways and Means.

419. Also, resolution of the Legislature of the State of New Jersey, memorializing Con-







Mr. CONNALLY. I ask that the nominations of postmasters be confirmed en bloc.

The PRESIDING OFFICER. Without objection, the nominations of postmasters are confirmed en bloc.

Mr. CONNALLY. I ask that the President be immediately notified of all nominations confirmed today.

The PRESIDING OFFICER. Without objection, the President will be immediately notified.

That completes the calendar.

#### RECESS

Mr. CONNALLY. As in legislative session, I move that the Senate take a recess until tomorrow at 12 o'clock noon.

The motion was agreed to; and (at 4 o'clock and 51 minutes p. m.) the Senate took a recess until tomorrow, Thursday, October 28, 1943, at 12 o'clock meridian.

#### NOMINATIONS

Executive nominations received by the Senate October 27 (legislative day of October 26), 1943:

##### PROMOTIONS, FOR TEMPORARY SERVICE, IN THE NAVY

Capt. Lawrence B. Richardson, United States Navy, to be a rear admiral in the Navy, for temporary service, while serving as As-

sistant Chief of the Bureau of Aeronautics, to rank from the 15th day of November 1943.

Capt. Timothy J. Keleher to be a rear admiral in the Navy on the retired list, for temporary service, to rank from the 11th day of June 1942.

##### IN THE MARINE CORPS

Stanley S. Nicolay, a naval aviator of the Marine Corps Reserve, to be a second lieutenant in the Regular Marine Corps in accordance with the provisions of the Naval Aviation Personnel Act of 1940, as amended, to rank from the 10th day of April 1941.

Frederick W. Riggs, Jr., a citizen of Massachusetts, to be a second lieutenant in the Marine Corps from the 1st day of December 1942.

The below-named citizens to be second lieutenants in the Marine Corps from the 7th day of August 1943:

John W. Southworth, a citizen of Oregon.

John F. Paul, a citizen of Iowa.

Ernest T. Savignano, a citizen of Massachusetts.

Hugh W. Breakenridge, a citizen of Iowa.

Robert "E" McDowell, Jr., a citizen of North Carolina.

#### CONFIRMATIONS

Executive nominations confirmed by the Senate October 27 (legislative day of October 25), 1943:

##### POST OFFICE DEPARTMENT

John J. Haggerty to be comptroller, Post Office Department.

#### THE JUDICIARY

##### UNITED STATES MARSHALS

John J. Barc to be United States marshal for the eastern district of Michigan.

Jack R. Caufield to be United States marshal for the district of Oregon.

##### COLLECTORS OF INTERNAL REVENUE

James W. Johnson to be collector of internal revenue for the third district of New York.

Thomas M. Carey to be collector of internal revenue for the eighteenth district of Ohio.

##### POSTMASTERS

##### ILLINOIS

Vernon F. Jones, Thawville.

##### OHIO

Ella M. Manson, Apple Creek.

Edgar K. Brown, Arcanum.

Jesse H. O'Roark, Covington.

Fred L. Diffenderfer, Greentown.

Howard J. Swearingen, Kensington.

O. Pauline Myers, Long Bottom.

Mary Doman, Lyndhurst.

Joann E. Johnston, Macedonia.

Frank W. White, Milford.

Mary C. Melody, New Paris.

Emma Duff, South Solon.

Robert S. McKelvey, Toronto.

Elinor E. Arick, Valley City.

##### UTAH

Edna F. Nicholls, Farmington.

Reuben J. Peterson, Santaquin.



# House of Representatives

WEDNESDAY, OCTOBER 27, 1943

The House met at 12 o'clock noon.  
Dr. Roland Q. Leavell, pastor, First Baptist Church, Tampa, Fla., offered the following prayer:

O God, our help in days past, our hope in years to come, our refuge from the stormy blasts, and our eternal home, Thou Lord God of all the earth, the Mighty Eternal Creator, the One in whom we live and move and have our being, we turn to Thee this day with gratitude in our hearts for Thy blessings and with petitions upon our lips for Thy gracious presence and providential power to rest upon us. We beseech Thee, Heavenly Father, for wisdom and guidance, and Thy love to be imparted to the Congress of the United States today, and to all of those who are in authority. Help us each to remember that when the righteous are in authority the people rejoice. May this be a glad day as we turn to Thee, and from Thee receive the spirit of sobriety and righteousness and godliness, both in our relationship to Thee and in our attitude and service toward our fellow man. We pray Thy blessing upon the nations of the earth; upon all the peoples who need Thy help. Hasten the day when the knowledge of the Lord shall cover the earth as the waters cover the sea, and Thy kingdom shall come and Thy will be done on earth as it is in heaven. And until that day help us to be faithful to our Lord and Master, Jesus Christ. We ask in His name that is above every name, and for His glory. Amen.

## THE JOURNAL

The Journal of the proceedings of yesterday was read and approved.

## MESSAGE FROM THE PRESIDENT

A message in writing from the President of the United States was communicated to the House by Mr. Miller, one of his secretaries, who also informed the House that on the following dates the President approved and signed bills of the House of the following titles:

On October 15, 1943:

H. R. 3291. An act to amend the National Housing Act, as amended.

On October 18, 1943:

H. R. 305. An act for the relief of Howard Morgan;

H. R. 693. An act to amend the Pay Readjustment Act of 1942, approved June 16, 1942;

H. R. 938. An act for the relief of Mrs. Robert C. Anderson; and

H. R. 2250. An act to extend the provisions of the Reclassification Act of February 28, 1925, to include custodial employees in the Postal Service.

On October 19, 1943:

H. R. 128. An act to authorize a per capita payment of \$10 to the members of the Santa Clara Pueblo of New Mexico from funds on deposit to their credit in the Treasury of the United States;

H. R. 1222. An act for the relief of Jacob Woloizin;

H. R. 2649. An act to revive and reenact the act entitled "An act granting the consent of Congress to the State of Minnesota to construct, maintain, and operate a free highway bridge across the Mississippi River at or near the village of Brooklyn Center, Minn.," approved April 20, 1942; and

H. R. 2734. An act for the relief of Kathleen B. Maier.

On October 21, 1943:

H. R. 304. An act for the relief of J. E. Martin.

On October 23, 1943:

H. R. 1869. An act authorizing the President to present, in the name of Congress, a Distinguished Service Cross to George F. Thompson; and

H. R. 3029. An act to authorize the adoption of a report relating to seepage and drainage damages on the Illinois River, Ill.

On October 25, 1943:

H. R. 533. An act for the relief of John P. von Rosenberg; and

H. R. 3230. An act to amend section 12 of the Naval Aviation Cadet Act of 1942.

On October 26, 1943:

H. R. 2888. An act relating to the application of the excess-profits tax to certain production bonus payments; and

H. R. 3208. An act to permit construction, maintenance, and use of certain pipe lines for steam-heating purposes in the District of Columbia.

## MESSAGE FROM THE SENATE

A message from the Senate, by Mr. Frazier, its legislative clerk, announced that the Senate agrees to the amendment of the House to a bill of the Senate of the following title:

S. 970. An act authorizing the Postmaster General to use post-office clerks and city letter carriers interchangeably.

## CORRECTION OF THE RECORD

Mr. FORD. Mr. Speaker, I ask unanimous consent to correct the RECORD of October 25, 1943, on page A4817, to this extent: I put in a resolution, and when they wrote the heading they used the word "revolution." I would like to have that word "revolution" changed to "resolution" in the permanent RECORD.

The SPEAKER. Without objection, the correction will be made.

There was no objection.

## EXTENSION OF REMARKS

By unanimous consent, Mr. FORD was granted permission to revise and extend his remarks.

## NAVY DAY

Mr. VINSON of Georgia. Mr. Speaker, I ask unanimous consent to address the House for 1 minute and in that time have the Clerk read a letter.

The SPEAKER. Is there objection? There was no objection.

The Clerk read as follows:

UNITED STATES FLEET,  
HEADQUARTERS OF THE  
COMMANDER IN CHIEF,  
Washington, D. C., October 24, 1943.  
The Honorable CARL VINSON,  
Member of Congress,  
Chairman, Committee  
on Naval Affairs,  
House of Representatives,  
Washington, D. C.

MY DEAR MR. CHAIRMAN: Navy Day presents an opportunity, of which I am desirous of taking advantage, to send a message to the Members of Congress in appreciation of the hearty cooperation and support which they have given to the Navy since the outset of the war. The fact that the requests of the Navy have been acted upon promptly, unanimously, and without the slightest indication of partisanship, has been not only a source of encouragement to the personnel of the Navy, but has assured us that you have confidence in us and that the legislative branch of the Government is whole-heartedly behind us in our efforts to win the war.

It is a distinct privilege to take this opportunity to express, in the name of my fellow officers and of the enlisted men of the Navy, Marine Corps, and Coast Guard, our appreciation of your cooperation.

Your unflinching aid and support has been an inspiration, and when the history of this war is written, the record will show that the Navy's achievements have been, in great measure, brought about by the confidence that the Congress has shown toward the Navy.

The Navy salutes the Members of the Congress as we march on together to what will be a complete victory and, we trust, a speedy one.

Sincerely yours,

E. J. KING,  
Admiral, United States Navy; Commander  
in Chief, United States Fleet; and  
Chief of Naval Operations.

## ORGANIZATION AND FUNCTIONS OF THE PUBLIC HEALTH SERVICE

Mr. BULWINKLE. Mr. Speaker, I ask unanimous consent for the present consideration of the bill (S. 400) for the organization and functions of the Public Health Service, with an amendment.

The Clerk read the title of the bill.

The SPEAKER. Is there objection to the request of the gentleman from North Carolina [Mr. BULWINKLE]?

Mr. MICHENER. Mr. Speaker, reserving the right to object, as I understand, this bill is entirely noncontroversial.

Mr. BULWINKLE. It is.

Mr. MICHENER. And it has the unanimous support of the committee?

Mr. BULWINKLE. That is correct.

Mr. MICHENER. I see the gentleman from Illinois [Mr. HOWELL], a member of the committee, on the minority side.

Mr. HOWELL. It is true this bill has the unanimous support, not only of the subcommittee but of the full committee.



That also applies to the amendment which is being offered.

Mr. MICHENER. Will the gentleman from North Carolina explain the bill?

Mr. BULWINKLE. I will be glad to. The bill is primarily for this purpose: The men in the Public Health Service, who are in the armed forces, are neither fish nor fowl. There are, at the present time, 468 officers with the Coast Guard, from the Public Health; 55 on duty with the Army; and the 24 additional officers are on foreign duty. If those men are killed in action, as they have been, they neither come under the military benefits, though they are serving in the military forces, nor do they come under employees' compensation. Five or 6 of them have been killed, and 6 of them have been captured in the Philippines and are now in prison. I think arrangements have been made to take care of the families of those 6 men now in prison. That is the amendment which was offered to the Senate bill, in order that we might do as required by the Budget during the war; not in emergency, but during this war.

Mr. CARSON of Ohio. Mr. Speaker, will the gentleman yield?

Mr. MICHENER. I yield.

Mr. CARSON of Ohio. Does that include any of the Red Cross field workers?

Mr. BULWINKLE. The Red Cross field workers do not come under the Public Health.

Mr. CARSON of Ohio. Are they not in the same position as the Public Health workers?

Mr. BULWINKLE. That may be, but I doubt if our committee would have jurisdiction of them. This is a Public Health Service bill.

Mr. MICHENER. In other words, this bill in no way affects Red Cross workers?

Mr. BULWINKLE. No, sir; it does not. I may say further, it does not create any new bureaus or anything like that.

Mr. RANKIN. Mr. Speaker, will the gentleman yield?

Mr. MICHENER. I yield.

Mr. RANKIN. It in no way affects veterans' legislation?

Mr. BULWINKLE. No; it does not.

Mr. MICHENER. And it in no way affects the rights of the States?

Mr. BULWINKLE. No.

Mr. STEFAN. Will the gentleman yield?

Mr. MICHENER. I yield.

Mr. STEFAN. How many individuals will this affect?

Mr. BULWINKLE. At the present time there are about 13 officers that it affects. Of course, if some more are killed, they would come under this legislation.

Mr. STEFAN. As I understand, this amendment will put these Public Health officers on the same basis as enlisted men or commissioned officers in the Army?

Mr. BULWINKLE. If they are on duty with the armed forces; yes.

Mr. STEFAN. As I understand, they are not under the United States Compensation Act at all?

Mr. BULWINKLE. That is correct.

Mr. STEFAN. I understand a great many civilian employees working for contractors, for instance, at Wake Island,

were under the United States compensation law and are getting compensation?

Mr. BULWINKLE. Yes.

Mr. STEFAN. I think the amendment is a very good one.

Mr. MICHENER. It must be a very good bill and amendment when the able Committee on Interstate and Foreign Commerce, which is generally very careful, very belligerent, and very controversial, comes in with a unanimous report. I am pleased to withdraw my reservation.

Mr. BULWINKLE. May I just say, Mr. Speaker, before the gentleman withdraws his reservation that the subcommittee had hearings on this subject under H. R. 6409, which is slightly different from S. 400. We decided then to recodify the whole public health law. It should be done, but on account of the emergency existing in this situation the subcommittee and the committee deemed it best not to go into that now.

Mr. MICHENER. Mr. Speaker, I withdraw my reservation of objection.

The SPEAKER. Is there objection to the present consideration of the bill?

There being no objection, the Clerk read the bill, as follows:

*Be it enacted, etc.,* That hereafter the Public Health Service in the Federal Security Agency shall consist of the Office of the Surgeon General, the National Institute of Health, and two bureaus, to be known as the Bureau of Medical Services and the Bureau of State Services. The Surgeon General of the Public Health Service, under the supervision and direction of the Federal Security Administrator, is hereby authorized and directed to assign to the Office of the Surgeon General, to the National Institute of Health, and to the two bureaus, respectively, the several functions of the Public Health Service, and to establish within the Office of the Surgeon General, the National Institute of Health, and the two bureaus, respectively, such divisions, sections, and other units as may be required to perform their functions; and, under such supervision and direction, he may abolish existing divisions, sections, and other units, and, hereafter, may establish, transfer, and consolidate divisions, sections, and other units and reassign their functions for the efficiency of the Service.

SEC. 2. The Director of the National Institute of Health and the chiefs of each of the bureaus, established by section 1 of this act, and the officer assigned as Chief Medical Officer of the United States Coast Guard, shall be commissioned medical officers detailed by the Surgeon General from the regular corps, and while so detailed shall be Assistant Surgeons General and shall have the same grade and shall receive the same pay and allowances as the Assistant to the Surgeon General.

SEC. 3. When commissioned officers below the grade of medical director are detailed by the Surgeon General from the regular corps to serve as chiefs of divisions, not more than six of such officers at one time while so detailed shall have the temporary grade and receive temporarily the pay and allowances of a medical director; and there is authorized to be established in the Office of the Surgeon General a Dental Division and a Sanitary Engineering Division; the chief of each such Dental and Sanitary Engineering Division shall be a commissioned dental officer and a commissioned sanitary engineer officer, respectively, of the regular corps detailed by the Surgeon General, and while each such dental and sanitary engineer officer is so detailed, he shall have the grade, pay, and allowances of an Assistant Surgeon General as provided by section 2 of this act.

SEC. 4. In time of war or national emergency determined by the President, any commissioned officer of the regular corps of the Public Health Service may be appointed to higher temporary grade with the pay and allowances thereof without vacating his permanent appointment, and any officer so promoted to a higher grade at any time after December 7, 1941, shall be deemed for all purposes to have accepted his promotion to higher grade upon the date of approval, unless he shall expressly decline such promotion, and shall receive the pay and allowances of the higher grade from such date unless he is entitled under some other provision of law to receive the pay and allowances of the higher grade from an earlier date. No such officer who shall have subscribed to the oath of office required by section 1757, Revised Statutes, shall be required to renew such oath or to take a new oath upon his promotion to a higher grade, if his service after the taking of such an oath shall have been continuous. Hereafter reserve officers of the Public Health Service may be distributed in the several grades without regard to the proportion which at any time obtains or has obtained among the commissioned medical officers of such Service. For the duration of the present war and for 6 months thereafter graduates of reputable osteopathic colleges shall be eligible for appointment as reserve officers in the Public Health Service.

SEC. 5. The record of each commissioned officer of the regular corps initially appointed above the grade of Assistant Surgeon, after the first 3 years of service in such grade, shall be reviewed under regulations approved by the President, and any such officer who is found to be unqualified for further service shall be separated from the Service and paid 6 months' pay and allowances.

SEC. 6. In case of the absence or disability of the Surgeon General and the Assistant to the Surgeon General, or in the event of a vacancy in the office of both, the Assistant Surgeons General shall act as Surgeon General in the order of their designation for such purpose by the Surgeon General.

SEC. 7. Section 9 of the act of April 9, 1930 (U. S. C. 42, sec. 37; 46 Stat. 151), is hereby amended by the addition of the following language at the end of said section:

"(d) Original appointments in the commissioned corps of the Public Health Service, regular and reserve, may be made to a junior grade which shall correspond to that held by a second lieutenant in the Medical Department of the Army and persons so appointed shall be entitled to the same pay and allowances as a second lieutenant in the Medical Department of the Army. After not less than one nor more than 2 years of service each such appointee in the regular corps may be examined under regulations prescribed by the President and upon such examination shall either be promoted to the grade of assistant surgeon or be separated from the Service."

SEC. 8. Commissioned officers of the Public Health Service, regular and reserve, shall be entitled to the same pay, allowances, and all other rights, benefits, and privileges, now or hereafter authorized or provided for officers of corresponding grade (and their surviving dependents) of the Medical Corps of the Army, regular and reserve, respectively, including but not limited to burial payments, death benefits, pensions, retirement, insurance, disability and survivors' benefits, civil reemployment rights, civil liability, travel and other allowances, including allowances of military attachés of corresponding grades while serving as public health attachés with the State Department at foreign posts; and all commissioned officers of the Public Health Service detailed for duty with the Army or Navy under provisions of law shall be held and considered to be in the active military service of the United States, and such officers while



so detailed shall be subject to all of the laws and regulations now or hereafter operative for the government of the respective services to which they are detailed: *Provided*, That this section shall apply in like manner to commissioned officers of the Public Health Service, regular and reserve, and to their surviving dependents, if any, who were serving outside of the continental limits of the United States on December 7, 1941, or who since December 7, 1941, have been made prisoners of war or who have been disabled or who have lost their lives while on active duty, and: *Provided further*, That all commissioned officers of the Public Health Service not detailed for duty with the Army or Navy as above provided shall continue to serve under the direction and control of the Surgeon General of the Public Health Service unless specifically detailed for duty with another executive department or independent establishment in accordance with provisions of law.

Sec. 9. This act may be cited as the "Public Health Service Act of 1943." For the purpose of any reorganization under section 1 of this act the Federal Security Administrator, with the approval of the Director of the Bureau of the Budget, is hereby authorized to make such transfer of funds between appropriations as may be necessary for the continuance of transferred functions.

With the following committee amendments:

Page 5, strike out beginning with line 12, down through line 19 on page 6, and insert in lieu thereof the following:

"Sec. 8. (a) For the purposes of this section—

"(1) The term 'full military benefits' means all rights, privileges, immunities, and benefits provided under any law of the United States in the case of commissioned military and naval personnel of the United States (including their surviving beneficiaries) on account of active military or naval service, including, but not limited to, burial payments in the event of death, six months' pay and allowances in case of death, veterans' compensation and pensions and other veterans' benefits, retirement, including retirement for disability, the rights provided under the Soldiers' and Sailors' Civil Relief Act, as amended, the National Service Life Insurance Act as amended, travel allowances, including per diem allowances for travel without regard to repeated travel between two or more places in the same vicinity, allowances for uniforms, exemption of certain pay from Federal income taxation, and other benefits, privileges and exemptions under the Internal Revenue laws.

"(2) The term 'limited military benefits' means full military benefits, except veterans' compensation and pensions and other veterans' benefits, and eligibility under the National Service Life Insurance Act, as amended.

"(b) Beginning with the date of enactment of this act, commissioned officers of the Public Health Service, regular and reserve (including their surviving beneficiaries)—

"(1) In time of war, shall be entitled to limited military benefits with respect to all active service in the Public Health Service.

"(2) While such officers are detailed for duty with the Army, Navy, or Coast Guard, shall be entitled to full military benefits with respect to such duty.

"(3) While such officers are serving outside the continental limits of the United States or in Alaska in time of war, shall be entitled to full military benefits with respect to such service.

"(c) In time of war, the President may by Executive Order declare the commissioned corps of the Public Health Service a part of the military forces of the United States and provide the extent to which it shall be subject to the Articles of War and the Articles for the Government of the Navy. Upon the

issuance of such an Executive Order, all commissioned officers of the Public Health Service, regular and reserve (including their surviving beneficiaries, shall be entitled to full military benefits with respect to active service rendered while the Public Health Service is a part of the military forces of the United States.

"Sec. 9. Commissioned officers of the Public Health Service, regular and reserve (including their surviving beneficiaries), shall be entitled to receive the same benefits for injury or death in the performance of their duties as civil officers and employees of the United States under the United States Employees' Compensation Act of September 7, 1916, as amended: *Provided*, That any such officer or beneficiary of such officer eligible to receive any benefit authorized by this section who is also eligible to receive any payment or benefit (except the proceeds of any insurance policy) under any provision of law other than such act of September 7, 1916, as amended, on account of the same injury or death, shall elect which benefit he shall receive.

"Sec. 10. The surviving beneficiaries of any commissioned officer of the Public Health Service, regular or reserve, who, since December 7, 1941, and prior to the enactment of this act, has lost his life while on active duty in the Public Health Service or while detailed to the Army, Navy, or Coast Guard, shall receive 6 months' pay and allowances as provided in the act of June 4, 1920, as amended (U. S. C., 1940 ed., sup. II, title 34, sec. 943), and, unless entitled to compensation under the laws administered by the Veterans' Administration, shall receive the benefits provided under section 9 of this act."

Page 6, line 20, strike out "9" and insert "11."

The committee amendments were agreed to.

Mr. KENNEDY. Mr. Speaker, I move to strike out the last word.

This bill which has just been presented to the House by the unanimous consent of the membership and adopted by a unanimous vote is intended to correct certain inequalities and defects in the existing Public Health Service as well as to adapt other features presently in the law to war purposes. For those reasons, I am in favor of the bill.

On the grounds that the bill may be regarded a war measure, I did not offer any objection to its immediate consideration but I do not approve of all of the provisions of the bill. However, the operation of the bill is limited to a date not later than 6 months after the war.

I direct attention to section 4 of the bill. On line 5, page 4, is found the following language:

For the duration of the present war and for 6 months thereafter, graduates of reputable osteopathic colleges shall be eligible for appointment as reserve officers in the Public Health Service.

I seriously questioned the wisdom of including osteopaths in this bill because it presumably places the imprimatur of the Congress upon the campaign of the doctors of osteopathy to be recognized as the professional equals of the doctors of medicine. We all know that the requirements for admission to a college of osteopathy and the course of study and training at those colleges do not remotely compare with the entrance requirements and medical training of the average medical school. This provision was

not requested by the Public Health Service and as a matter of fact I believe it is unsatisfactory to that service. The osteopaths were included in this bill in another body without the advice and consent of the Surgeon General.

The dictionary defines osteopathy in these terms:

A system of the art of healing which emphasizes the power of the body to heal itself, and whose therapy majors in manipulation.

I will admit that osteopaths do good work and help patients suffering from those ailments that osteopaths are permitted and eligible to treat. But I cannot and will not admit that most of the ills from which our armed forces suffer requiring treatments, involving serious surgical operations, are usual to the practice of an osteopath. I think it unwise to dignify a person with such limited training and experience with a commission and a rank equal that of a doctor of medicine.

There is no intention on my part to reflect in any way upon the fine character and ability of that vast army of fine men and women who are engaged in the field of osteopathy. I congratulate every citizen, especially those ministering to the sick, for the work he is doing to win the war. At this time, we should not lose sight of the fact that our action here, today, might be asserted as a reason why, in other official circles, a diploma in osteopathy should be given the same weight and rating as a diploma in medicine.

I know it is the view of practically every member of the Committee on Interstate and Foreign Commerce, in voting to report this bill to the House, containing legislation which is urgent, that the vote was cast upon the basis of compromise with another body on the osteopath section of the bill, and not because the committee members favored the bill in its entirety.

I am sorry that the time element made it necessary to rush this bill through the House, but on the basis of the emergency I presume we must bow to expediency.

It is my most fervent hope that the Surgeon General of the United States will administer this act, particularly the section relating to osteopaths, in his usually competent and realistic manner.

The bill was ordered to be read a third time, was read the third time, and passed, and a motion to reconsider was laid on the table.

The title of the bill was amended so as to read: "An act relating to the organization and functions of the Public Health Service, and for other purposes."

Mr. BULWINKLE. Mr. Speaker, I ask unanimous consent to revise and extend my own remarks by inserting a letter from Dr. Parran in regard to this bill.

The SPEAKER. Without objection, it is so ordered.

There was no objection.

The letter referred to follows:

OCTOBER 26, 1943.

HON. A. L. BULWINKLE,  
House of Representatives,  
Washington, D. C.

DEAR MR. BULWINKLE: As the war progresses it becomes increasingly urgent that the Public Health Service have the benefit of



the additional legislation contemplated in your bill, H. R. 3379, and in S. 400. While the more complete codification of the Public Health Service laws as contemplated in H. R. 3379 is highly desirable, some of our legislative needs are so urgent that I hope your committee will give consideration to the possibility of the prompt passage of S. 400.

You will recall that in testimony before your subcommittee on H. R. 649 I pointed out the need for reorganizing and simplifying the administrative structure of the Public Health Service. I also pointed out the fact that Public Health Service officers were serving on several of the battle fronts with our armed forces, and that an increasing number are on active and very hazardous duty with the Coast Guard, both on Coast Guard cutters and on landing barges. Yet our officers on these assignments do not have a clearly defined status under present law and there is some doubt as to whether or not their surviving dependents are entitled to benefits which accrue to surviving dependents of Army, Navy, and Coast Guard personnel.

Moreover, a considerable number of our medical and sanitary engineering officers are serving in the war zones but are not attached to the military forces. This is particularly true of a group of officers serving in north Africa and Italy on assignment to the State Department for epidemic control and health duties in connection with the civil population of occupied areas. These officers have absolutely no protection for themselves or their families. In fact, our regular officers, under present law, who are in this status are excluded from both the benefits available to the military forces and to civil employees under the provisions of the United States employees' compensation laws.

The surviving dependents of none of our officers are entitled to the 6 months' pay and allowances which is provided by law for all of the other services (including the Coast and Geodetic Survey) paid in accordance with the provisions of the Joint Service Pay Act. As a result of war casualties several very pathetic cases have developed in which widows and children are left destitute. These cases are important in themselves. Moreover, failure of the Congress to provide some protection for them creates, as you well appreciate, a growing problem of morale which affects the whole corps. Our officers are subject to orders and must serve wherever assigned on any duty no matter how hazardous. They are doing this cheerfully, but in fairness to them, I feel I should bring to your attention the need for providing some measure of protection for them and their families in the event of disability or death in line of duty.

It is believed that section 8 of S. 400 needs revision in order to limit the benefits provided therein, so as to bring such benefits into accord with the statement of policy expressed by the Director of the Bureau of the Budget in his letter to the Administrator of the Federal Security Agency, a copy of which is on file with the chairman of the Committee on Interstate and Foreign Commerce. Your continued sympathetic interest in the problem facing the Public Health Service is deeply appreciated.

Sincerely yours,

THOMAS PARRAN,  
Surgeon General.

#### HOSPITAL FACILITIES FOR VETERANS

The SPEAKER. The Chair recognizes the gentleman from Kentucky.

Mr. MAY. Mr. Speaker, I present a report from the House Committee on Military Affairs on House Resolution 328.

The SPEAKER. The Clerk will report the resolution.

The Clerk read as follows:

*Resolved*, That the President is hereby requested to furnish the House of Representatives with the following information:

(1) The number of beds now available in all hospitals under the jurisdiction of the United States or the District of Columbia, or in private institutions under contract with the United States, and the number of bed patients in such hospitals;

(2) The number of beds to be available in hospitals now under construction by the United States, together with the approximate dates on which such hospitals will be placed in service;

(3) Plans for future construction of Government hospitals; and

(4) The maximum number of war casualties which it is estimated must be hospitalized at any one time.

Mr. MAY. Mr. Speaker, I ask unanimous consent that the committee report may be read.

The SPEAKER. Without objection, the Clerk will read the committee report.

There was no objection.

The Clerk read as follows:

#### REPORT NO. 803 TO ACCOMPANY HOUSE RESOLUTION 328

The Committee on Military Affairs to whom was referred the resolution (H. Res. 328) requesting certain information from the President with respect to Government hospitals having considered the same, submit the following report thereon, with the recommendation that it be laid upon the table.

Your committee, having had under consideration House Resolution 328 (a privileged resolution), and having heard testimony thereon, recommends to the House that the resolution be tabled.

The War Department produced testimony in answer to the numerous questions propounded in the resolution, and the other departments of Government concerned who were called upon for a report, have filed with the House Military Affairs Committee detailed information and answers to the various questions which reports are on file in the records of the committee and available for consideration and study by all Members of the House of Representatives.

The facts called for in the resolution and disclosed by the testimony before the committee by a witness on behalf of the War Department are of a confidential character and not for publication.

Mrs. ROGERS of Massachusetts. Mr. Speaker, will the gentleman yield?

Mr. MAY. I yield.

Mrs. ROGERS of Massachusetts. I understand this report is available to all Members of the House.

Mr. MAY. It is in the committee files.

Mrs. ROGERS of Massachusetts. That is all I wanted, Mr. Speaker. I felt that the Members should know exactly how many beds were available now and how many beds would be available in the future because we must see that the veterans returning have an adequate number of beds as they come back and that we are building enough hospital facilities for the future. I congratulate the Committee on Military Affairs.

Mr. MAY. I am sure that information will be available.

Mr. Speaker, I move to lay the resolution on the table.

The motion was agreed to, and the resolution was laid on the table.

#### EXTENSION OF REMARKS

Mr. J. LEROY JOHNSON. Mr. Speaker, several days ago I was granted permission to insert in the RECORD a speech by the commander of the American Legion. I am advised by the Public Printer that it exceeds the 2-page limit, that it will cost \$112.50 to print. I renew my request notwithstanding the fact it exceeds the limit.

The SPEAKER. Without objection, the matter may be printed.

There was no objection.

[The matter referred to appears in the Appendix.]

#### CORRECTION OF THE RECORD

Mr. ROLPH. Mr. Speaker, I ask unanimous consent to correct the RECORD of yesterday. In my colloquy with the gentleman from Texas the heading was put in the wrong place. I have conferred with the gentleman from Texas. It is agreeable to him that this change be made and I ask unanimous consent that the permanent RECORD be corrected accordingly.

The SPEAKER. Without objection, the permanent RECORD will be corrected accordingly.

There was no objection.

#### EXTENSION OF REMARKS

Mr. ROLPH. Mr. Speaker, I ask unanimous consent to extend my own remarks on two subjects, in one to include an editorial in connection with harmonious labor conditions in San Francisco, and in the other matter in connection with the oil situation.

The SPEAKER. Without objection, it is so ordered.

There was no objection.

[The matter referred to appears in the Appendix.]

Mr. MASON. Mr. Speaker, I ask unanimous consent to extend my own remarks in the RECORD on the subject of the renegotiation of war contracts and to include therein two letters and a short article on the same subject.

The SPEAKER. Without objection, it is so ordered.

There was no objection.

[The matter referred to appears in the Appendix.]

Mr. SCRIVNER. Mr. Speaker, I ask unanimous consent to extend my own remarks in the RECORD and include a condensation of an address given before the American Bankers' Association.

The SPEAKER. Without objection, it is so ordered.

There was no objection.

[The matter referred to appears in the Appendix.]

Mr. KENNEDY. Mr. Speaker, I was unavoidably absent from the Chamber a few moments ago when the House adopted and passed the bill S. 400. I ask unanimous consent to extend my remarks on that bill and that they appear at the proper place in the proceedings on the consideration of the bill.



The SPEAKER. Without objection, it is so ordered.

There was no objection.

#### PERMISSION TO ADDRESS THE HOUSE

Mr. STEFAN. Mr. Speaker, I ask unanimous consent to proceed for 1 minute and to revise and extend my own remarks in the RECORD.

The SPEAKER. Is there objection to the request of the gentleman from Nebraska [Mr. STEFAN]?

There was no objection.

#### CZECHOSLOVAK INDEPENDENCE

Mr. STEFAN. Mr. Speaker, tomorrow, October 28—Czechoslovakian Independence Day—is an occasion for an understanding examination of the accomplishments of this valiant and progressive nation.

During 4 years of Nazi occupation, the Czechoslovak Republic has never ceased to exist de jure for the United States. At this very moment Czechoslovakia maintains accredited representatives in this country.

Thomas G. Masaryk, together with other Czechoslovak leaders, brought forth the Czechoslovakian Declaration of Independence at Independence Hall, Philadelphia, on October 26, 1918. Two days later—on October 28, 1918—the Philadelphia declaration was officially proclaimed in Prague. But even before the Philadelphia meeting Americans who shared Masaryk's proud traditions as well as his ancestry contributed to the greatness of the United States. Men and women who were born in the land of Masaryk have tilled American soil, developed American business and industry, and fought and died to perpetuate the American spirit of liberty.

Throughout almost 21 years of peaceful relations between the United States and the Czechoslovak Republic—prior to the Nazi invasion—the people of the Czechoslovak nation have impressed their friends in the United States with their high standard of decency and justice and the fair treatment of minorities.

When the Nazis invaded Czechoslovakia, those of us who knew the dauntless courage of her people realized that the Nazis might occupy the lands, but that they could never overpower the free will of Czechoslovaks. How well were our expectations attained! No matter what burdens of toil and torture were heaped upon them, the Czechoslovaks fought back. They fought back with every weapon at their disposal. In spite of all that Heydrich and Himmler could do to make life unendurable and death painful, the unwavering patriotism of the Czechoslovak people has survived. It strikes at the invader from the farms of Bohemia and Moravia, where Czechoslovak farmers hide their harvest or destroy it rather than have it fall into the hands of their oppressors. It strikes at the invader in the form of sabotage of locomotives, telegraph wires, and war production plants. Thousands have died for this resistance. Still it goes on. It is going on today within Czechoslovakia.

On the fighting fronts Czechoslovaks are arrayed against their Nazi foes. Czechoslovaks fought gallantly at To-

bruk. Czechoslovak pilots have escorted American bombers on missions over Germany. In many parts of the world Czechoslovaks fight for the same God-given liberties which inspire our own countrymen to battle.

On Czechoslovak Independence Day—October 28, 1943—we of the United States honor our brave ally of Czechoslovakia, our sister republic, a land in which even the children are heroes.

#### PERMISSION TO ADDRESS THE HOUSE

Mr. KEEFE. Mr. Speaker, at the conclusion of the other special orders today I ask unanimous consent to address the House for 20 minutes.

The SPEAKER. Is there objection to the request of the gentleman from Wisconsin [Mr. KEEFE]?

There was no objection.

Mrs. ROGERS of Massachusetts. Mr. Speaker, I ask unanimous consent to address the House for 1 minute and to revise and extend my own remarks in the RECORD.

The SPEAKER. Is there objection to the request of the gentleman from Massachusetts [Mrs. ROGERS]?

There was no objection.

#### CZECHOSLOVAKIAN INDEPENDENCE

Mrs. ROGERS of Massachusetts. Mr. Speaker, I join with the very able Member from Nebraska [Mr. STEFAN] in his tribute and in his expression of deep affection and high regard for Czechoslovakia. There is no more able Representative in the House than the gentleman from Nebraska [Mr. STEFAN]. We all know of his deep study of international questions.

I feel we owe a debt of gratitude to him for his many speeches in this House on the subject of Czechoslovakia and the Czech people. He has not only kept us well informed of conditions that exist in the district in Nebraska which he so well represents, but also regarding the conditions of the Czech people whom he knows and in whose welfare he is so deeply interested, both in the United States and Czechoslovakia. He is a member of the very powerful House Committee on Appropriations. With his fine knowledge of foreign countries, he has been an active and helpful influence in securing appropriations for our Foreign Service.

We know of President Masaryk's stay in the United States, we know of his admiration for our country, and we have a great admiration for him and his country. It was my privilege to know his son, Jan Masaryk, who was chargé d'affaires at the last World War period. As an indication of the friendliness and interest that he and his country showed for the United States, he discovered that the wounded World War veterans at a certain hospital liked red roses; so he used to send me at intervals red roses to take to our wounded veterans. That is typical of the kindness and friendliness of the people of Czechoslovakia. I want to pay high tribute to their courage and their wish for a government which is as free as ours, and I hope that that freedom may come soon.

#### EXTENSION OF REMARKS

Mr. ANDREWS. Mr. Speaker, I ask unanimous consent to extend my own remarks in the Appendix of the RECORD.

The SPEAKER. Is there objection to the request of the gentleman from New York [Mr. ANDREWS]?

There was no objection.

[The matter referred to appears in the Appendix.]

Mr. HOLMES of Washington. Mr. Speaker, I ask unanimous consent to extend my own remarks in the RECORD and to include part of an interview printed in the Youngstown Vindicator with our colleague the gentleman from Ohio [Mr. KIRWAN].

The SPEAKER. Is there objection to the request of the gentleman from Washington [Mr. HOLMES]?

There was no objection.

[The matter referred to appears in the Appendix.]

Mr. MUNDT. Mr. Speaker, I ask unanimous consent to extend my own remarks in the RECORD and to include a newspaper article.

The SPEAKER. Is there objection to the request of the gentleman from South Dakota [Mr. MUNDT]?

There was no objection.

[The matter referred to appears in the Appendix.]

#### PERMISSION TO ADDRESS THE HOUSE

Mr. MUNDT. Mr. Speaker, I ask unanimous consent to proceed for 1 minute.

The SPEAKER. Is there objection to the request of the gentleman from South Dakota [Mr. MUNDT]?

There was no objection.

#### A SPEECH WHICH ALL SHOULD READ

Mr. MUNDT. Mr. Speaker, I take this opportunity to call to the attention of the Congress and the country a very important speech which appears in the CONGRESSIONAL RECORD of Monday, October 25, at page A4316. In recognition of the significance of this speech, it was inserted in the RECORD by the gentleman from Pennsylvania, Hon. HARVE TIBBOTT. It is a broadcast delivered by the gentleman from Indiana, Hon. GERALD W. LANDIS, on the subject of The Great Food Muddle.

This speech is replete with important facts on one of the most serious problems confronting the country today. The gentleman from Indiana [Mr. LANDIS] deserves the commendation of the country for having brought this matter to our attention in this way. I feel that his great work in helping to straighten out this food muddle and in reducing the waste of foodstuffs ranks with the remarkable work of the gentleman from Michigan [Mr. ENGEL] in bringing about a reduction in other Government extravagances. I hope that insofar as the CONGRESSIONAL RECORD circulates, every citizen will have the opportunity to read this revealing speech by our distinguished colleague the gentleman from Indiana [Mr. LANDIS], who is one of the most active members of the special Republican food-study committee.







or any part of it. It is exceedingly desirable—it is necessary—that something be done by this generation to protect our descendants and our successors against the horrible conditions and results of international agreements such as were handed down to us by our predecessors.

Mr. President, I do not favor the surrender of American sovereignty. I do not favor the diluting of United States sovereignty, whatever that may mean. I, at least, do not like the word. I do not believe that either the surrender or dilution of United States sovereignty is necessary, or that it is necessary for us to do something as to world affairs under an agreement that we are doing without an agreement. Without any agreement as to participation in the great struggles of the world, we have become one of the greatest contributors to the sacrifices to maintain world civilization. Let us not, as the prospect for victory increases, forget the terrible cost of the present struggle. Let us not fail to take every possible step that may accomplish the laudable result we all have in mind. Generations unborn will sing the praises of those with sufficient patriotism and sufficient foresight to aid in bringing about such a result.

However, we are told that if the resolution is agreed to no ratification of a treaty will be necessary, as the adoption of the resolution might be considered to be the advice and consent of the Senate in advance.

Yesterday we heard that question raised in the Senate. We saw the ten-pins set up; we saw them knocked down. We heard it said that the President of the United States might be impeached, on the presumption that he might violate his oath and do what he should not do, or if he were not impeached the Congress could refuse to furnish him the money requested. Finally we were told that we would have to rely somewhat on the honor of the President of the United States. As I listened to the discussion I thought what a contrast there was between the standpoint of the members of the Foreign Relations Committee who went into a conference and discussed every possible phase of the situation without any malice or partisan bias so far as I have ever heard charged, and the contention which was made that the President of the United States may possibly one of these days fail to do what he should do. I cannot think of anything much more ridiculous than at this time to assume that we had better not agree to a resolution which we favor because it might be that some President may not do what he should do.

I do not believe that the nations of the world will accept this sort of an explanation of failure on the part of the Executive to submit a treaty to the Senate for ratification. I do not believe that other members of such organization or parties to such treaty would be content to accept the responsibilities placed upon them without a real assurance that the United States had legally agreed to assume its part in world policing, or in the enforcement of peace, or suppression of aggression, or the prevention of aggression.

When it comes to writing the terms in the treaty of peace, all nations must perform their part. The United States cannot and must not be left to enforce world morality and guarantee world peace.

Mr. President, there are those who say that this resolution is too strong. I have more sympathy with those who make that statement than I have with those who say that the resolution does not mean anything, and personally I hope that no Member of the Senate will vote for the resolution on the assumption that it is not sufficiently strong. It is strong enough to include all the power necessary to do the thing it sets out to do, which is to preserve peace. I do not agree with those who claim that the resolution is too strong in its terms. I think after all we have to rely somewhat upon the intelligence and the foresight of those who will later have the responsibility of determining other momentous questions. The resolution can be too strong only for those who favor no resolution, who favor no authority, who favor no League and no organization, and who desire us to go back in our beliefs to a prewar period, and again deceive the people of our Nation into the belief that we can live separate and apart from all other civilized nations. This must not be. Whether any particular plan which may be suggested at the peace table or elsewhere may be implemented within the province of this resolution is to me not so important as to have a practically unanimous declaration of the Senate of the United States to a form of international cooperation in accordance with a policy which can be implemented by the provisions of a treaty of peace so worded as to protect and preserve not alone other Allied Nations, but protect and preserve, Mr. President, your children and my children, your grandchildren and my grandchildren, your property and my property, your flag and my flag, from such a catastrophe as has fallen on civilization in this era.

#### ORGANIZATION AND FUNCTIONS OF THE PUBLIC HEALTH SERVICE

The VICE PRESIDENT laid before the Senate the amendments of the House of Representatives to the bill (S. 400) for the organization and functions of the Public Health Service, which were, on page 5, to strike out all after line 11 over to and including line 19 on page 6 and insert:

SEC. 8 (a) For the purposes of this section—

(1) the term "full military benefits" means all rights, privileges, immunities, and benefits provided under any law of the United States in the case of commissioned military and naval personnel of the United States (including their surviving beneficiaries) on account of active military or naval service, including, but not limited to, burial payments in the event of death, 6 months' pay and allowances in case of death, veterans' compensation and pensions and other veterans' benefits, retirement, including retirement for disability, the rights provided under the Soldiers' and Sailors' Civil Relief Act, as amended, the National Service Life Insurance Act, as amended, travel allowances, including per diem allowances for travel without regard to repeated travel between two or more places in the same vicinity,

allowances for uniforms, exemption of certain pay from Federal income taxation, and other benefits, privileges and exceptions under the Internal Revenue laws;

(2) the term "limited military benefits" means full military benefits, except veterans' compensation and pensions and other veterans' benefits, and eligibility under the National Service Life Insurance Act, as amended.

(b) Beginning with the date of enactment of this act, commissioned officers of the Public Health Service, regular and reserve (including their surviving beneficiaries)—

(1) in time of war, shall be entitled to limited military benefits with respect to all active service in the Public Health Service;

(2) while such officers are detailed for duty with the Army, Navy, or Coast Guard, shall be entitled to full military benefits with respect to such duty;

(3) while such officers are serving outside the continental limits of the United States or in Alaska in time of war, shall be entitled to full military benefits with respect to such service.

(c) In time of war, the President may by Executive order declare the commissioned corps of the Public Health Service a part of the military forces of the United States and provide the extent to which it shall be subject to the Articles of War and the Articles for the Government of the Navy. Upon the issuance of such an Executive order, all commissioned officers of the Public Health Service, regular and reserve (including their surviving beneficiaries), shall be entitled to full military benefits with respect to active service rendered while the Public Health Service is a part of the military forces of the United States.

SEC. 9. Commissioned officers of the Public Health Service, regular and reserve (including their surviving beneficiaries), shall be entitled to receive the same benefits for injury or death in the performance of their duties as civil officers and employees of the United States under the United States Employees' Compensation Act of September 7, 1916, as amended: *Provided*, That any such officer or beneficiary of such officer eligible to receive any benefit authorized by this section who is also eligible to receive any payment or benefit (except the proceeds of any insurance policy) under any provision of law other than such act of September 7, 1916, as amended, on account of the same injury or death, shall elect which benefit he shall receive.

SEC. 10. The surviving beneficiaries of any commissioned officer of the Public Health Service, regular or reserve, who, since December 7, 1941, and prior to the enactment of this act, has lost his life while on active duty in the Public Health Service or while detailed to the Army, Navy, or Coast Guard, shall receive 6 months' pay and allowances as provided in the act of June 4, 1920, as amended (U. S. C., 1940 ed., supp. II, title 34, sec. 943), and, unless entitled to compensation under the laws administered by the Veterans' Administration, shall receive the benefits provided under section 9 of this act.

On page 6, line 20, to strike out "9" and insert "11"; and to amend the title so as to read: "An act relating to the organization and functions of the Public Health Service, and for other purposes."

Mr. THOMAS of Utah. I move that the Senate concur in the House amendments with two minor amendments, one in section 8 (a) (1) about the middle of the first page of the House engrossed amendments after the words "burial payments in the event of death, 6 months' pay", to strike out the words "and allowances", and the other in the last line of the third page of the House amend-



ments in section 10, after the words "Army, Navy, or Coast Guard, shall receive 6 months' pay", to strike out the words "and allowances."

The motion was agreed to; and the amendments of the House were concurred in as amended by the Senate.

#### COLLABORATION FOR POST-WAR PEACE

The Senate resumed the consideration of the resolution (S. Res. 192) declaratory of war and peace aims of the United States.

Mr. THOMAS of Utah. Mr. President, as a member of the subcommittee of the Foreign Relations Committee which worked out the resolution now before us, I deem it proper that I should at least express myself in regard to the resolution. In doing so I realize that I shall probably repeat what has already been said, but in the repetition I hope to contribute to the discussion.

Mr. CONNALLY. Mr. President, I want the Senator to have an audience. Will the Senator yield so I may suggest the absence of a quorum.

Mr. THOMAS of Utah. Very well; I yield.

The PRESIDING OFFICER (Mr. McFARLAND in the chair). The clerk will call the roll.

The legislative clerk called the roll, and the following Senators answered to their names:

Alken	Green	Pepper
Andrews	Guffey	Radcliffe
Austin	Gurney	Reed
Ball	Hatch	Revercomb
Bankhead	Hawkes	Reynolds
Bilbo	Hayden	Robertson
Brooks	Hill	Russell
Buck	Holman	Scruggam
Burton	Johnson, Calif.	Shipstead
Bushfield	Johnson, Colo.	Smith
Butler	Kilgore	Stewart
Byrd	Langer	Taft
Capper	Lodge	Thomas, Okla.
Caraway	Lucas	Thomas, Utah
Chavez	McClellan	Truman
Clark, Idaho	McFarland	Tunnell
Clark, Mo.	McNary	Tydings
Connally	Maloney	Vandenberg
Danaher	Maybank	Van Nuys
Davis	Millikin	Wallgren
Downey	Moore	Wheeler
Eastland	Murdoch	Wherry
Ellender	Nye	White
George	O'Daniel	Wiley
Gerry	O'Mahoney	Willis
Gillette	Overton	Wilson

The PRESIDING OFFICER (Mr. JOHNSON of Colorado in the chair). Seventy-eight Senators having answered to their names, a quorum is present.

Mr. THOMAS of Utah. Mr. President, as a member of the subcommittee of the Foreign Relations Committee which reported the pending resolution, I deem it a part of my duty to explain my reasons for supporting the resolution. At the same time I wish to express my gratification at the fact that the Senate is considering such a resolution at this time. That, in and of itself, is to me a great victory.

I believe that the people of United States, as well as the people of the world who have wanted to see not only the war won, but the peace won also, have desired for a long time that some constructive sentiment be expressed by the Senate of the United States.

I believe that the action of the Senate in regard to the Treaty of Versailles, and especially its action in regard to the Cov-

enant of the League of Nations, had a profound effect upon the world. The whole Congress accepted the Treaty of Versailles by resolution, after the Senate refused to accept the Covenant.

The entire world is wondering what the attitude of the Senate of the United States will be toward world cooperation in an attempt to expand and to make useful world government. I am sure that after the discussion, carried on in the way in which it has been carried on, there can be no doubt in the mind of anyone that the Senate of the United States wishes to present a united front to the world when those who represent the United States assemble at a peace conference or during the time of treaty writing.

What happened in 1919 did great damage to America. While our negotiators were attempting to bring about agreement with representatives of other governments, the Senate took action which nullified much that was being done. We need a united front in foreign affairs in the making of peace quite as much as in carrying on war.

In one of the plays of Sophocles there is a wall by one of the characters, who asks the question, "Why is it that men unite so well for war, but never unite for peace?" The question probably can be answered by merely saying that peace is difficult and complex, while war is comparatively simple. There is but one objective in war, and that is to crush the enemy, while peace must be brought about through the processes of deliberation.

One of the greatest documents ever issued by a government was that which in the last war became known as the 14 points, a splendid statement, a wonderful war aim, which contributed toward bringing about the defeat of the enemy; but at the peace conference it was an out-and-out liability to the representatives of the government on whose behalf the 14 points were announced. Why? Because the 14 points were thought of as a great national aim for carrying on the war. They were an idealistic statement; and idealistic statements, when read into law, or when an attempt is made to put them into agreements, are really difficult, because the definition process makes them almost impossible.

Therefore, my first thought when I was placed upon the Foreign Relations Subcommittee was to attempt to do two things: First, to obtain a declaration on the part of the Senate which would contribute to the peace effort, and in no way interfere with the war effort; and second, to bring into actual operation that extremely important point of our Constitution which refers to advice and consent by the Senate.

During all the time I have studied the American Constitution, I have felt that a serious mistake was made in the interpretation of the phrase "advice and consent." When we make the motion in the Senate we consider it as a single act. Advice and consent have been deemed by practically all our Executives to be a single act, and probably they are recognized as a single act in other parliaments.

Very likely they were a single act when the words were taken from British constitutional law and incorporated into our law. However, the fact remains that in creating the Senate of the United States, which was an entirely new thing, just as the federal system was a new thing in government and politics, it was assumed that the United States Senate would be the equivalent of a council of state. Someday I hope to see that status attained. Then democracy and representative government will be functioning in our land in the way in which they should function.

Mr. President, government by deliberation is not easy. Dictators have one simple device, and it works. Government by coercion is quite simple, and it works. Government through the use of man's reasoning power, based upon the theory of democracy and upon the idea that first there shall be deliberation with freedom of speech, and then action, is the hardest kind of government to make function, because government by deliberation seems to be endless.

But we have made it work in the United States for 150 years, and as a result we have exemplified to the whole world that men can be free and yet be strong; that man can have his beliefs and his choice between this, that, and the other, and yet speak jointly with a power which the nations of the earth must respect.

Mr. President, the United States, and its type of government, are still not out of peril. I remember that in a debate in the Senate, when we were dealing with one of the pre-war measures, I made the statement that the United States was in peril. I felt it; I knew it. I realized the force of aggression in the world, and yet I knew that government by aggression could never be successful so long as government by reason and deliberation existed anywhere. I realized that at some time that type of weak government would be tested because I knew that in the beginning of his regime Mussolini had scoffed at the word "liberty," and that he had said it was time to drag the flag of liberty in the mud. That was a challenge to the Government of the United States and to the American people. We did not accept the challenge, but we know that had we accepted it we probably would have been wiser than we were.

Mr. President, there is memory in my mind, too, of the fact that immediately after the last World War—it was during the time of the worst inflation in Germany that I myself saw at first hand—the attempt was made deliberately to make it appear that the Treaty of Versailles was a wicked and a vicious treaty. Some Americans aided in the advancement of that idea. If we will but examine the discussions which took place on the League of Nations we will find that many persons spent more time discussing the inequities and injustices of the treaty than they spent in challenging the League or defending it as such. The first nation to walk out on the Versailles agreements had objected to a provision contained in the treaty in regard to itself. It was not to a provision







Mr. McKELLAR. I ask that the nominations of postmasters be confirmed en bloc, and that the President be immediately notified.

The VICE PRESIDENT. Without objection, the nominations are confirmed, and, without objection, the President will be notified forthwith.

Mr. BARKLEY. I ask that the President be immediately notified of the confirmation of the nomination of Chester Bowles.

The VICE PRESIDENT. Without objection, the President will be notified forthwith.

#### RECESS

Mr. BARKLEY. As in legislative session, I move that the Senate take a recess until tomorrow at 11 o'clock a. m.

The motion was agreed to; and (at 5 o'clock and 18 minutes p. m.) the Senate took a recess until tomorrow, Friday, November 5, 1943, at 11 o'clock a. m.

No. 167—6

#### CONFIRMATIONS

Executive nominations confirmed by the Senate November 4 (legislative day of October 25), 1943:

##### OFFICE OF PRICE ADMINISTRATION

Chester Bowles, to be Administrator, Office of Price Administration.

##### POSTMASTERS

##### CALIFORNIA

Mae M. Bunyard, Lost Hills.  
Harland G. Cox, South Laguna.  
Berenice Wilson, Tehachapi.

##### INDIANA

John P. Mack, Elwood.  
Pearl J. Lockhart, Fowler.

##### MAINE

Herman W. Crockett, North Haven.  
Aubrey E. Kenney, Sebago Lake.

##### NEBRASKA

Joyce Hubbard, Ashby.  
Claude J. Wright, Aurora.  
Alma E. Rumsey, Bancroft.  
Fred C. Buhk, Beemer.  
Lulu M. Kennedy, Bradshaw.

Clair Grimes, Chambers.  
Hjalmar A. Swanson, Clay Center.  
Ferdinand S. Bogner, Crofton.  
Inez G. Britt, Doniphan.  
C. Arthur Scism, Edgar.  
Helen W. Schneider, Elmwood.  
Frances C. Rotherham, Ewing.  
Jeptha D. Bishop, Gibbon.  
Thomas A. Siefken, Harvard.  
Charles Hynek, Humboldt.  
Ray M. Gullford, Marquette.  
Minnie M. Mason, Salem.  
John J. Burns, Scotia.  
Elta Evans, Shubert.  
Eric Fredrickson, Wakefield.  
William Stuart Campbell, Waterloo.  
Orley E. McCallum, Wauneta.

##### NEW MEXICO

Melvin O. Shockey, Mountainair.

##### NORTH DAKOTA

Arthur E. Bean, Donnybrook.

##### OKLAHOMA

Louis M. Pace, Wilburton.

##### VIRGINIA

Joseph B. Murden, Londonbridge.  
William G. Gwinn, Rich Creek.



# House of Representatives

THURSDAY, NOVEMBER 4, 1943

The House met at 12 o'clock noon.

Rev. Bernard Braskamp, D. D., pastor of the Gunton Temple Memorial Presbyterian Church, Washington, D. C., offered the following prayer:

O Thou Sovereign God of the Universe, under the canopy of Thy greatness and goodness, we gather in faith and humility, praying that we may be girded with wisdom and strength for all our duties and responsibilities.

Grant that this may be a day of unclouded vision for our President, our Speaker, and the Members of Congress as they courageously consecrate themselves to the tasks that challenge the investment of our noblest manhood and womanhood.

We pray that Thy special blessing and benediction may be given unto all who have gone forth to serve our country and the cause of freedom. May Thy protecting arms of love be around those whom they have left behind.

Fill our souls with a passionate longing for that glorious time when the kingdom of righteousness and peace shall be established everywhere.

Hear us in the name of the Prince of Peace. Amen.

## THE JOURNAL

The Journal of the proceedings of Tuesday, November 2, 1943, was read and approved.

## THE PUBLIC HEALTH SERVICE

Mr. BULWINKLE. Mr. Speaker, I ask unanimous consent to take from the Speaker's table the bill (S. 400) for the organization and functions of the Public Health Service, with a Senate amendment to a House amendment thereto and agree to the Senate amendment.

The SPEAKER. The Clerk will report the title of the bill and the Senate amendment.

The Clerk reported the title of the bill and the Senate amendment, as follows:

Sec. 8 (a) (1) following the words: "burial payments in the event of death, 6 months' pay (and allowances)"—strike out the words "and allowances."

2. Sec. 10, following the words: "Army, Navy, or Coast Guard, shall receive 6 months' pay (and allowances)"—strike out the words "and allowances."

The SPEAKER. Is there objection to the request of the gentleman from North Carolina?

Mr. MARTIN of Massachusetts. Mr. Speaker, I reserve the right to object. This merely cuts out the words "and allowances."

Mr. BULWINKLE. That is all. They should never have been in there.

Mr. MARTIN of Massachusetts. Is there any other change?

Mr. BULWINKLE. No.

The SPEAKER. Is there objection to the request of the gentleman from North Carolina?

There was no objection.

The SPEAKER. The question is on concurring in the Senate amendments.

The Senate amendments were agreed to.

A motion to reconsider was laid on the table.

## AMENDING NAVAL RESERVE ACT OF 1938

Mr. VINSON of Georgia. Mr. Speaker, I ask unanimous consent to take from the Speaker's table the bill (H. R. 2859) to amend the Naval Reserve Act of 1938, as amended, with Senate amendments thereto, and concur in the Senate amendments.

The SPEAKER. The Clerk will report the title of the bill and the Senate amendments.

The Clerk reported the title of the bill and the Senate amendments as follows:

Page 2, strike out lines 7 to 15 inclusive.

Page 2, line 23, after "dependents", insert "and the children of such members shall not be considered dependents unless their father is dead or they are in fact dependent on their mother for their chief support."

Page 2, strike out all after line 24 over to and including line 4 on page 3 and insert:

"Sec. 2. The act entitled 'An act to provide for the appointment of female physicians and surgeons in the Medical Corps of the Army and Navy,' approved April 16, 1943 (Public Law 38, 78th Cong.), is hereby amended by inserting before the period at the end thereof the following: 'Provided, That female physicians and surgeons appointed in the Medical Corps of the Naval Reserve shall be restricted to the performance of shore duty within the continental United States only and shall not be assigned to duty on board vessels of the Navy or in combat aircraft.'"

The SPEAKER. Is there objection?

Mr. MARTIN of Massachusetts. Mr. Speaker, I reserve the right to object. This is merely restricting the activities of the WAVES overseas.

Mr. VINSON of Georgia. Mr. Speaker, this bill was passed by the House last summer. It went to the Senate, and was passed by the Senate a few days ago. It relates to the WAVES. The Senate amendment does not permit them to go abroad. The bill as it passed the House permitted that, but the Senate amendment restricts them to duty in this country and I am asking the House to accept this Senate amendment.

Mr. MARTIN of Massachusetts. Is that the only change?

Mr. VINSON of Georgia. The other change deals with the question of dependency. The Senate added an amendment that the children of a WAVE had to be actually dependent upon her to receive the benefits provided for depend-

ents, and that a husband could not be dependent upon his wife who is a WAVE. Then the other amendment is that female doctors could not go outside of the country or serve on naval vessels or in combat aircraft.

Mr. HARNES of Indiana. Mr. Speaker, will the gentleman yield

Mr. VINSON of Georgia. Yes.

Mr. HARNES of Indiana. Does not the provision relating to the allowance for the wife of a soldier, where the wife is a WAVE, conflict with the allowance bill that we passed the other day?

Mr. VINSON of Georgia. Not at all. This relates to dependents of a WAVE, and provides that the husband of a WAVE shall not be considered a dependent. The husband of a WAVE is not dependent upon the WAVE, but the children of such a WAVE shall not be considered dependents unless their father is dead, and they are in fact dependent upon their mother for their chief support.

Mr. HARNES of Indiana. Is the gentleman certain that this does not conflict with the bill that we passed?

Mr. VINSON of Georgia. So far as I know, it does not conflict.

Mr. COLE of New York. Mr. Speaker, I reserve the right to object. Does the restriction in respect to female doctors apply also to female nurses in the Navy?

Mr. VINSON of Georgia. It deals only with the medical corps of the Navy.

Mr. COLE of New York. Then it applies to female nurses?

Mr. VINSON of Georgia. It says female physicians and surgeons. It applies only to the doctors and not to the nurses.

Mr. COLE of New York. Then the nurses may go abroad?

Mr. VINSON of Georgia. Yes.

The SPEAKER. Is there objection to the request of the gentleman from Georgia?

There was no objection.

The SPEAKER. The question is on concurring in the Senate amendments.

The Senate amendments were agreed to.

A motion to reconsider was laid on the table.

## EXTENSION OF REMARKS

Mr. COCHRAN. Mr. Speaker, I ask unanimous consent to extend my remarks in the Record and include some information received from the Budget Bureau.

The SPEAKER. Is there objection? There was no objection.

[The matter referred to appears in the Appendix.]





[PUBLIC LAW 184—78TH CONGRESS]

[CHAPTER 298—1ST SESSION]

[S. 400]

AN ACT

Relating to the organization and functions of the Public Health Service,  
and for other purposes.

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,* That hereafter the Public Health Service in the Federal Security Agency shall consist of the Office of the Surgeon General, the National Institute of Health, and two bureaus, to be known as the Bureau of Medical Services and the Bureau of State Services. The Surgeon General of the Public Health Service, under the supervision and direction of the Federal Security Administrator, is hereby authorized and directed to assign to the Office of the Surgeon General, to the National Institute of Health, and to the two bureaus, respectively, the several functions of the Public Health Service, and to establish within the Office of the Surgeon General, the National Institute of Health, and the two bureaus, respectively, such divisions, sections, and other units as may be required to perform their functions; and, under such supervision and direction, he may abolish existing divisions, sections, and other units, and, hereafter, may establish, transfer, and consolidate divisions, sections, and other units and reassign their functions for the efficiency of the Service.

SEC. 2. The Director of the National Institute of Health and the chiefs of each of the bureaus, established by section 1 of this Act, and the officer assigned as Chief Medical Officer of the United States Coast Guard, shall be commissioned medical officers detailed by the Surgeon General from the regular corps, and while so detailed shall be Assistant Surgeons General and shall have the same grade and shall receive the same pay and allowances as the Assistant to the Surgeon General.

SEC. 3. When commissioned officers below the grade of medical director are detailed by the Surgeon General from the regular corps to serve as chiefs of divisions, not more than six of such officers at one time while so detailed shall have the temporary grade and receive temporarily the pay and allowances of a medical director; and there is authorized to be established in the Office of the Surgeon General a Dental Division and a Sanitary Engineering Division; the chief of each such Dental and Sanitary Engineering Division shall be a commissioned dental officer and a commissioned sanitary engineer officer, respectively, of the regular corps detailed by the Surgeon General, and while each such dental and sanitary engineer officer is so detailed, he shall have the grade, pay, and allowances of an Assistant Surgeon General as provided by section 2 of this Act.

SEC. 4. In time of war or national emergency determined by the President, any commissioned officer of the regular corps of the



Public Health Service may be appointed to higher temporary grade with the pay and allowances thereof without vacating his permanent appointment, and any officer so promoted to a higher grade at any time after December 7, 1941, shall be deemed for all purposes to have accepted his promotion to higher grade upon the date of approval, unless he shall expressly decline such promotion, and shall receive the pay and allowances of the higher grade from such date unless he is entitled under some other provision of law to receive the pay and allowances of the higher grade from an earlier date. No such officer who shall have subscribed to the oath of office required by section 1757, Revised Statutes, shall be required to renew such oath or to take a new oath upon his promotion to a higher grade, if his service after the taking of such an oath shall have been continuous. Hereafter reserve officers of the Public Health Service may be distributed in the several grades without regard to the proportion which at any time obtains or has obtained among the commissioned medical officers of such Service. For the duration of the present war and for six months thereafter graduates of reputable osteopathic colleges shall be eligible for appointment as reserve officers in the Public Health Service.

SEC. 5. The record of each commissioned officer of the regular corps initially appointed above the grade of Assistant Surgeon, after the first three years of service in such grade, shall be reviewed under regulations approved by the President, and any such officer who is found to be unqualified for further service shall be separated from the Service and paid six months' pay and allowances.

SEC. 6. In case of the absence or disability of the Surgeon General and the Assistant to the Surgeon General, or in the event of a vacancy in the office of both, the Assistant Surgeons General shall act as Surgeon General in the order of their designation for such purpose by the Surgeon General.

SEC. 7. Section 9 of the Act of April 9, 1930 (U. S. C. 42, sec. 37; 46 Stat. 151), is hereby amended by the addition of the following language at the end of said section:

"(d) Original appointments in the commissioned corps of the Public Health Service, regular and reserve, may be made to a junior grade which shall correspond to that held by a second lieutenant in the Medical Department of the Army and persons so appointed shall be entitled to the same pay and allowances as a second lieutenant in the Medical Department of the Army. After not less than one nor more than two years of service each such appointee in the regular corps may be examined under regulations prescribed by the President and upon such examination shall either be promoted to the grade of Assistant Surgeon or be separated from the Service."

SEC. 8. (a) For the purposes of this section—

(1) the term "full military benefits" means all rights, privileges, immunities, and benefits provided under any law of the United States in the case of commissioned military and naval personnel of the United States (including their surviving beneficiaries) on account of active military or naval service, including, but not limited to, burial payments in the event of death, six months' pay in case of death, veterans' compensation

and pensions and other veterans' benefits, retirement, including retirement for disability, the rights provided under the Soldiers' and Sailors' Civil Relief Act, as amended, the National Service Life Insurance Act, as amended, travel allowances, including per diem allowances for travel without regard to repeated travel between two or more places in the same vicinity, allowances for uniforms, exemption of certain pay from Federal income taxation, and other benefits, privileges and exceptions under the Internal Revenue laws;

(2) the term "limited military benefits" means full military benefits, except veterans' compensation and pensions and other veterans' benefits, and eligibility under the National Service Life Insurance Act, as amended.

(b) Beginning with the date of enactment of this Act, commissioned officers of the Public Health Service, regular and reserve (including their surviving beneficiaries)—

(1) in time of war, shall be entitled to limited military benefits with respect to all active service in the Public Health Service;

(2) while such officers are detailed for duty with the Army, Navy, or Coast Guard, shall be entitled to full military benefits with respect to such duty;

(3) while such officers are serving outside the continental limits of the United States or in Alaska in time of war, shall be entitled to full military benefits with respect to such service.

(c) In time of war, the President may by Executive order declare the commissioned corps of the Public Health Service a part of the military forces of the United States and provide the extent to which it shall be subject to the Articles of War and the Articles for the Government of the Navy. Upon the issuance of such an Executive order, all commissioned officers of the Public Health Service, regular and reserve (including their surviving beneficiaries), shall be entitled to full military benefits with respect to active service rendered while the Public Health Service is a part of the military forces of the United States.

SEC. 9. Commissioned officers of the Public Health Service, regular and reserve (including their surviving beneficiaries), shall be entitled to receive the same benefits for injury or death in the performance of their duties as civil officers and employees of the United States under the United States Employees' Compensation Act of September 7, 1916, as amended: *Provided*, That any such officer or beneficiary of such officer eligible to receive any benefit authorized by this section who is also eligible to receive any payment or benefit (except the proceeds of any insurance policy) under any provision of law other than such Act of September 7, 1916, as amended, on account of the same injury or death, shall elect which benefit he shall receive.

SEC. 10. The surviving beneficiaries of any commissioned officer of the Public Health Service, regular or reserve, who, since December 7, 1941, and prior to the enactment of this Act, has lost his life while on active duty in the Public Health Service or while detailed to the Army, Navy, or Coast Guard, shall receive six months' pay as provided in the Act of June 4, 1920, as amended (U. S. C. 1940 edition, sup. II, title 34, sec. 943), and, unless entitled to compensation under

the laws administered by the Veterans' Administration, shall receive the benefits provided under Section 9 of this Act.

SEC. 11. This Act may be cited as the "Public Health Service Act of 1943". For the purpose of any reorganization under section 1 of this Act the Federal Security Administrator, with the approval of the Director of the Bureau of the Budget, is hereby authorized to make such transfer of funds between appropriations as may be necessary for the continuance of transferred functions.

Approved November 11, 1943.





